6. TO HOSPITAL ALTENDING PHYSICIAN: The lew requires that the death certificate be executed within burs after the Pege 4 be retained by the hospital or attending physician.

TATUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours efter death. VR A1S (4)

1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12/10/ CERTIFICATE OF DEATH

13473

PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmis. e. STATE b. COUNTY
Baltimore MARYLAND	
b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town)	Vo .
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Owings Mills d. STREET ADDRESS o. IS RESIDE
a. Name of hostine or institution (it institution, give sites address)	ON A FA
Catonridge Nursing Home	St. Thomas Lane
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) ANNIE E. Adams	DEATH
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F
	10-18-1863 last birthday) Months Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) Housewife	Named and
3. FATHER'S NAME	Maryland U.S.A.
3. FAIRER S NAME	14. MOTHER'S MAIDEN NAME
	?
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, grunkown) (Ifyesgivewerordetesofservice)	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEE
	ONSET AND DEAT
IMMEDIATE CAUSE (e)	Innece
Tal DUE TO O	lusio entre
Conditions, if any, which (b) Ullus SC	lusio unkno
gave rise to immediate cause DUE TO	
(e), stating the underlying cause last.	
10/	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO
	PERFORME
	YES NO
OR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)
fad	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State tory, street, office bldg., etc.)
Hour a.m. While Not While	ory, streat, office brugs, etc.)
	10/20 105 . 13/21 10/14 . (0)
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on	death occured at J.I
22e. SIGNATURE	ATTENDING . STAFF 22b. DA
Clust Katint J. M	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typo) CLIFF RATLIFF, JR.	4605 Ed hordon an
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 1-3-1962 St. Charles	Pikesville, Md.
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Frank H. Newell Pikesville, Md	- 100
	DATE JAN 3 '62 Chiller S. Kraus

E SECTION OF THE PROPERTY OF T Frail Water 7 .36 Alleway tel. os . Diff. of the cold the cold. I do not be the cold.

funeral 1 4 USUAL RESIDENCE (Where Escaped livet, I Institution, Residence before admission) PLACE OF DEATH .Film e. COUNTY Baltimore 12 th MERVIEND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) filled in by Pages 1 and write RURAL and give neerest town) Catonsville Catonsville Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1528 Kirkwood Rd. 1528 Kirkwood Rd. 3. NAME OF 4. DATE Middle DECEASED OF comp Josephat Archambault 0 0 (Type or print) DEATH withi AGE (In years | IF UNDER 1 YEAR | S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH and last birthday) any event, M. WIDOWED [Apr.6.1 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Interior Decorator-Ridgeway Dec. Canada 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Philip Archambault Virginia unknown ā Archambaultddress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or detes of service) 009-05-3137 1528 Kirkwood Rd, Catonsville 28, Md. After this certificate has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INFARCTION, RECCUPENT 30 MIN MYOCARDIAL IMMEDIATE CAUSE (e) burial-transit DUE TO Acute ANTERIOR MYOCARDIAL IN FARCTION 26 days attending Conditions, if env. which gave rise to immediate cause DUE TO burial, (a), steting the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(8) | 19. WAS AUTOPSY CERTIFICATION as 0 NONE use prior 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Month, Dey, Yeer factory, street, office bldg., etc.) Hour em Se retaine SIRECTOR: Ashould be det et work p.m. 21. I certify that (I) (this hospital) attended the deceased from NOVENBER 27961, to Dec. 24 1961., that (I) (we) last saw the deceased alive on Dec. 22 19.61, and that deeth occured et 1.15.M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR TO FUNERAL director, page be filed with th FUNERAL Page 22d. ADDRESS 22c. PHYSICIAN'S BALTO NAT'L PIKE 5000 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Lorraine Park Woodlawn, Md. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Edmondson 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1. MARYLAND

b. COUNTY

Month

Dec.

Months

USA

(County)

author S. Hrana

e. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO W

(Stete)

22b. DATE

12/24/6/ SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

law requires that the death certificate

Baltimore

offivenous say a silvenotat

. BM

Philip Archerbealt

1528 Mirthood Ri. 1528 Mirewood Ri.

Josephanosa . A Judgesot

10 .005

ADE. 5.1307 E4

Interior Descriptor-, ideams, Dec. Co. Canada

Ministiv

tiped manage attack sall 009-05-3187 1528 Xirkwood RG, Daronsville RB, Md.

Design Tropic of Wall Tolk As Will Harons Joy Man all the

And to Authorities Association Louis Association Shade

AND THE STATE OF T The state of the s

Melvin N Duc Dem who come and and N willed

Burial 12/27/51 Vitake L. n. 4101 Camordson Ave.

VS A15 (4) 15M 10/57

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death.		
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y hou		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13496 **CERTIFICATE OF DEATH**

Reg. Dist. No. 13475

					KUG. DIST, IVO. J. CO J. I
1. PLACE OF DEATH	244	MARYIAND	2. USUAL RESIDENCE (W		
	ltimore		Md.		Baltimore
RURAL ond give		AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit Md. 2. COUNTY Md. 3. COUNTY Md. 4. COUNTY Md. 5. COUNTY Md. 5. COUNTY Md. 6. STREET ADDRESS 6. IS REE ON A COUNTY OF THE Work Man. 6. IS REE ON A COUNTY OF A COUNTY	RURAL and give nearest town)		
Catonsvi				ESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY Md. PR TOWN (If outside corporate limits, write RURAL and give ne Baltimere 3 VAI - 1 ADDRESS Hillenwood Road Lost 4. DATE Month Dec. 3. IF UNDER I YEAR PLACE (State or foreign country) Md. 77 yrs. Md. 12. CITIZEN (ON TOWN) R'S MAIDEN NAME Jonnie V. Norris 15. Bookstrang Kirkley Soverna Park TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of injury in Port 1 or Part II of item 18.) Y (Home, form, 20f. (City or town) (County) 1. to 1233, 1966, that I last so	3 VOI. 4
OR INSTITUTION		reet oddress)			e. IS RESIDENCE ON A FARM?
16 Fusti	ng Avo., Ha	Use inthe files	2010 Hill	enwood Road	YES NO X
3. NAME OF DECEASED (Type or print)		Middle		OF	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIE		9. AGE (In years	
Tomalo			11-7-1884		
10a. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
At Home	rking life, even if retired)	-			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Bonjami	n C. Badger		Jenni	e V. Nerris	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	15 Books	resumme 4.1
no	(ii yes, give was as dottes of service)	none G.	Scott Kirk		
18. CAUSE OF DE	ATH [Enter only one couse p				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	1. 7. Dec	1:12-100	Time	ONSET AND DEATH
111		end regreate	Little Control	221877	Sea.
Canada	- 0 -	1 1/10 7	A. I- V	1 7	
Conditions, if a	immediate (Diff yearliners	1 Coraco las	cultin Ordina	21 107
lying couse lost.	the under-				
		ALC CONTRIBUTING TO DESTRE			
PART II. OT	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
					YES NO
O (IF EITHER, NOTIF	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port 1 or Part II of item 18.)	
			ACE OF INJURY (Home, form	m, 20f. (City or town)	(County) (Stole)
Hour o.m.		THE INDI WHITE	nory, street, office blog., etc	c.)	
		amed from 1/1/15	7 2068 4 2	273/ 10/1	
	10/3/	,		-	
alive an	-3	y 6 1 , and that death	accurred at 232 (
ACTUAL TA	1 pg	16	11.89	ADDRESS (Street, City or town,	, stote) DATE SIGNED
SIGNATURE	elmin Ar do	elagn	M.D. 6207 Inc	dresh live	12/8/27
PHYSICIAN'S NAME (Type)	Wilmer K.	Gallager	Ballin	me 28, 20.	J.
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or county) (State)
Burial (Specify	12-6-1961	Loudon Park		Baltimere,	
23: FUNERAL DIRECTOR		ADDRESS /	240. REC	1	ISTRAR'S SIGNATURE
J. Howard	itteng	320 JUNORTH	DATES		
	1		15450	E '61 () /	1 0 3c

The second state of harden to alleger limit Haool Mile . Bill aval in rever we Dista . ofcer . I ends National Constitution is confirm the second

DATE EC 2 6 '61

VS A15 (4) 1SM 9/SB

B_{red} V^e ESTALL RESIDENCE OF THE SECOND STREET 三、产业企业正大会开展代表。广大学、大学、工作、工作企业、发展 Chichines - Tanana 1 - 31 Chesteria The State of the House Harry Bearing Herend Rolling All The search of the search of and all of the little had The Marie Land Control of the Control

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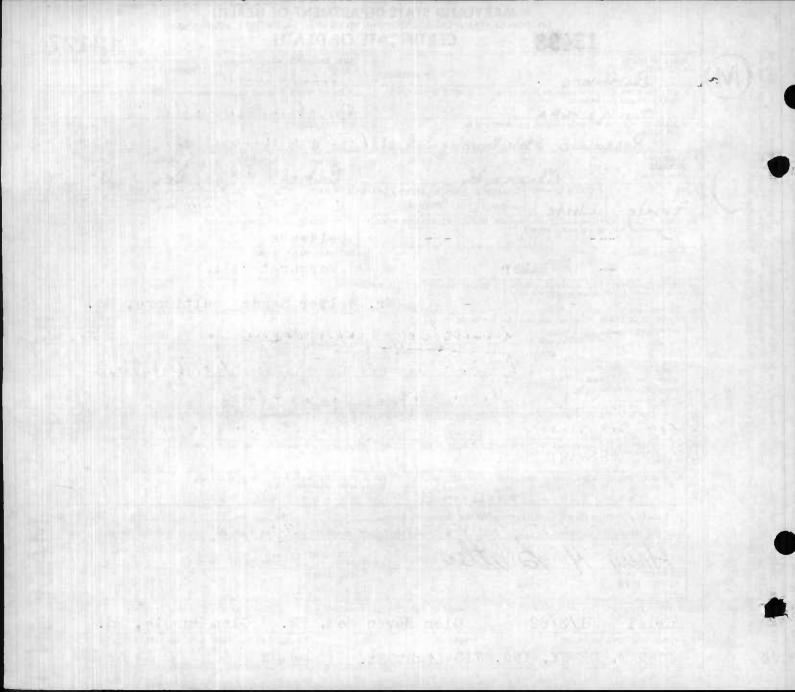
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13498

13477

1. PLACE OF DEATH			II a STATE	DENCE (Where deced	sed lived. If institution	an: Residence befare	admission)
	mare	MARYLAN	in	oryleve	cl		
b. CITY OR TOWN (If RURAL and give nea	autside carporate limits, writ	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (# autside car	porate limits, write R	URAL and give neare	est tawn)
	& Wills		1300	elemon	e ello	(3V	101-4
d. NAME OF HOSPITA	If nat in haspital, give str	eet address)	d. STREET	ADDRESS -	17	e.	IS RESIDENCE
D	wood State	Training Scho	01 1500	Phillip	am sh		YES NO
3. NAME OF	First	8 Middle	Los	4. DATE	E Man	ith Day	Year
(Type ar print)	Eliza	hate	Ba	DEAT	тн Ое	30	1961
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	IF UNDER 1 YEAR IF	
Female	white WIDO	OWED DIVORCED	2 -	-15-11	last birthday) 57) yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPATION	N (Give kind of work dane)	0b. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPI	ACE (State ar fareign	country)	12. CITIZEN OF V	WHAT COUNTRY
auring mast at warkii	ng life, even if retired)		Dela	aware			
13. FATHER'S NAME				MAIDEN NAME			
-	- Baker		Man	rgaret Be	ell		
	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	7. INFORMANT	0	Add	ress	
(Yes, no, or unknown) (If	f yes, give wor or dates of service)	-	Mr. Walte	er Sands	Baltime	ore, Md.	
18. CAUSE OF DEAT	H [Enter anly ane cause pe	r line far (a), (b), and (c).]		- 1		INTER	VAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	morelia	o, ereit	22022C			- 6 OLOL
1 3 3 '	DUE TO	1					1
Canditians, if an		int L Corol	- 1 m - 7	erus miss	IND.	an loni	
gave rise to im	mediate (il il	THE COM	and word	y chian	The contract	
lying cause last.	he under-	Hour inter	a of	dusta	1/2		
_	FR SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	/FN IN PART 1(a) 19.	WAS AUTOPS
PART II. OTHE	1/eneme	5 11.	1. +-47	l'a l'annoise	220111		PERFORMED?
20a. ACCIDENT WAS	LUNIDERIVING TI 206 I	DESCRIBE HOW INJURY OCCU	IPPED /Fester patures	of injust in Part Las I	Part II of item 18)		YES NO
20a. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	DESCRIBE HOW HAJORI OCC	SKKED. (Elliel lidiole (ar injury in ruir ruir i	dir ii di iiem re.,		
		d. INJURY OCCURRED 20	e. PLACE OF INJURY	(Hame, farm, 20f, (C	Lity or town)	(Caunty)	(State
Haur a.m.	W	nile Nat while	factory, street, affic			(223,7)	
p. m.	17 at	wark at wark					
21. I certify that	(I) (this haspital) atte	ended the deceased fro		0.00			.,.
saw the decease	ed alive an 12	30 19 61, and th	at death accurre	d atM, fra	m the causes an	d an the date s	
22a. SIGNATURE	11 /	1 +//2.1	ATTENDIN	G _ MED.	STAFF		22b, DATE SIGNE
Hurry	19.101	uce	M.D. PHYS.	DIRECTOR	PHYS.		
22c. PHYSICIAN'S NAME (Type)			22d. ADDR	ESS			
22a BURIAL CREATATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETE	DV OD CREMATORY	mu 101	CATION (City Ac		(64-4-)
23a. BURIAL, CREMATION REMOVAL (Specify) BUPIAL	1 /3 /69				cation (city, town, clen Burn		(State)
	1/0/02		A OII MAIN.				
24. FUNERAL DIRECTOR'S		ADDRESS		25a. REC'D BY REG		STRAR'S SIGNATURE	
JOHN F.	DENNY INC	. 715 T. doht.	9+	DATE JAN 4	'62 C	reliner & House	A



TO HOSPITAL OR A DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after daring physician.

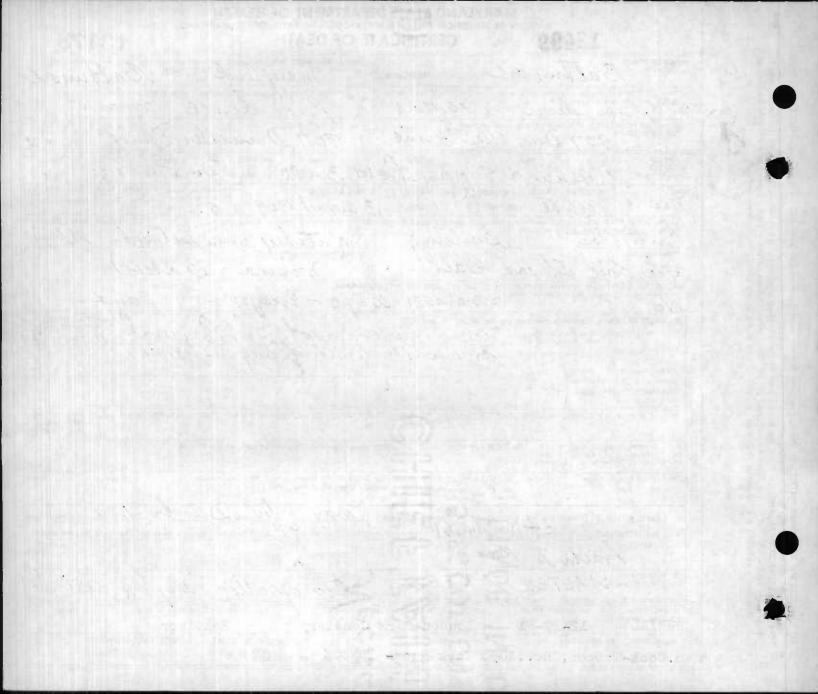
TO FU. AL DIRECTOR: After this certificate has been signed by the attending physician and completely file. In by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13478

1. PLACE OF DEATH Balting oil	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Marillan.	b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside corp		
produce		1 Provide	well Tows	on 4
OP INSTITUTION -	OUNTY Balfm out and the mary Land b. COUNTY Balfm out of the COUNTY Balfman of the mary Land corporate limit, write RURAL and give nerved town) MARKED OF HOSPITAL (If not in hospital, give street address) MARKED OF HOSPITAL (If not in hospital, give street address) MARKED OF HOSPITAL (If not in hospital, give street address) MARKED OF HOSPITAL (If not in hospital, give street address) MARKED OF HOSPITAL (If not in hospital, give street address) MARKED OF HOSPITAL (If not in hospital, give street address) MARKED OF HOSPITAL (If not in hospital, give street address) MIDDIAL OCCUPATION (Give kind of work done of the county of the cou	e. IS RESIDENCE ON A FARM? YES NO D		
DECEASED	r . / /	/ - // 05	1) 1.1 5	Day Year 196/
MINKE IAT	_	B. DATE OF BIRTH 3 august 1909		YEAR IF UNDER 24 HRS. Days Hours Min.
Con Fractor	RIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	uice See. Gred	en of What COUNTRY?
They done Edward	Ball	2	Baku	
(Yes, no, or unknown) (If yes, give war or dates of service)		rife - Evelyn	Address San	el_
1B. CAUSE OF DEATH [Enter only one cause per lin	e far (a), (b), and (c).]	100	0 1	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	1411/2 - 5ar	Cerua of Right	Priarryal	onset and DEATH
	- Park	Principal delition	And to Vatare	1110000110
	crea will	more any any	me jay of said	,
		-		
cause (a), stating the under-				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	se condition given in part	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Pa	rt II of item 1B.)	
Hour a. m. While	_ Not white _ fa		y or tawn) (Co	ounty) (State)
	1 /1	19.00 , .10 .	December 196	, that (I) (we) last
22a. SIGNATURE		deall occurred dy JM, from	ine causes and an ine	22b, DATE
traisin J. Rec	0	M.D. PHYS. DIRECTOR	STAFF PHYS.	SIGNED
NAME (Type) WALTER T.	KEES	Cockey girll	may land	25Dec6
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCA	TION (City, town, or county)	(State)
BURIAL 12429-61	Loudon Park	Cemetery	Baltimore	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGIS		NATURE
Wm.Cook-Towson, Inc., 105	O York Roadm	TOWSON DATE DEC 28	61 arthur S.	thusa



TO HOSPITAL of STIENDING PHYSICIAN: The law requires that the death certificate be executed within 2 purs arrerded to the hospital or attending physician.

TO MERAL DIRECTOR: After this certificate has been signed by the attending physician and comp. By filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, $13500\,$ CERTIFICATE OF DEATH MARYLAND 13479

1	PLACE OF DEATH		2. USUAL RESIDENCE (Where		Residence before edmission)
1	Baltimore	MARYLAND	a. STATE Maryland		altimore
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porata limits, writa RURAL er	nd give nearast town)
	Baltimore	Life	V Baltimore		
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	itel, give straet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	7225 Stratton Way		7225 Stratt		YES NO NO
3	NAME OF First DECEASED	Middle	Last / A. DATE OF	Month	Dey Yeer
	(Type or print) JOSEPH	PETER :	BARRY JR. DEAT	H December	12. 1961
5	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers IF UNDER Months	
	Male White WIDOWED	Cully CED	Nov. 10, 1956	5 угз.	Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & Stete, o	r toreign country) 12, Cl	TIZEN OF WHAT COUNTRY?
	Child	-	Maryland		USA
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Joseph P. Barry		Nola Reese		
		OCIAL SECURITY NO. 17.		Address	
1,	(If yes give wer or dates of service)	- Mr	.Joseph P.Barry	7225 Strat	ton Wey 21
-	18. CAUSE OF DEATH [Enter only one ceuse per lin	na for (e), (b), end (c).]	. cosepii i . Dairy	المام رعم و	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	A KICK BRAL	PALSY		ONSET AND DEATH
	(5/V	21011111	7.7.9		39.0
	DUE TO				
	Conditions, if any, which geverise to Immediate cause				
	(a), steting the underlying DUE TO				
	cause lest. (c)	THE STATE OF	OF DELAYED TO THE TENNIAL DIFFACE	CONDITION CHARLES	TALLIA WAS ALITORSY
Í	PART II. OTHER SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	PERFORMED?
13					YES NO
CEPTIEICATION		RIBE HOW INJURY OCCURED), (Enter nature of injury in Pert I or Part	II of itam 18.)	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. IN While Hour a.m., p.m. 19	Not While fac	ACE OF INJURY (Home, farm, 20f. (Citory, street, office bldg., etc.)	ty or town) (Co.	unty) (State)
	21. I certify that (I) (this hospital) attend	ed the deceased from	FGB 25 1957 to	DEC 12 19	(e.(., that (I) (976) last
			death occured at 7.4.4.M, fro		
	22e. SIGNATURE	, and mai	death occurred arg	ii iiio caasas and on	22b. DATE
		en ,	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNED
1	22e. PHYSICIAN'S	9,	A.D. PHYS. DIRECTOR		1 - 13 - 61
	NAME (TYPO) LATIMER G	- YOUNG		ILST, BALT	
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LO	CATION (City, LAW TO THE	(Stete)
		St. Stanisl	aus Balt	imore, Ma	ryland
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. REC'D BY REGI	STRAR 256. REGISTRAR'S	SIGNATURE
M	I.F. Sadowski & Sons, 180	8 Eastern A	venue DEC 1 4 '6	61 arthur S.	. Trans
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8,43 Balt Late BROATS CARD a tomidical 1225 Street con May THE MODERNSON ASSET Tanks ev. 10, 1056 ...5 biid enosi alo on Toward P. Barret 1225 Stratton 1 1th 200 Business atomic at a sunfathers in 10/21/21 Lains M. C. adoresta a cons. 1805 Engtern Averge English

FOR STATE

PULY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is no casary, place execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 7 Ahours after death.

2

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13501 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13480

						TOU.	
1. PLACE OF DEATH			CE (Where dec	ceased lived, If in			dmission)
	MERVIEND		l am d	b. COUNT	Υ	V	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH				rata limits, write	RURAL and giv	e neerest tow	vn)
write RURAL end give neerest town)				,	7.10	. 4	***
b. CIVY OR TOWN (If outside corporate limits, write RURAL and give nessest fown) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nessest fown) c. LENGTH OF STAY IN 1b c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF BETH State Address Bethlehem Steel Company 18. I DATE Bethlehem Steel Company 18. SATE ADDRESS ON A Bethlehem Steel Company 18. SATE ADDRESS ON A Bethlehem Steel Company 18. SATE Month Day Year OBJECTA BETH DEED BASTFIELD BASTFIELD ON A Months Day Year OBJECTA BETH 19. AGE (in year if FUNDER 1 YEAR							
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	iddla	Last	4. DATE		Da	y Yee	r
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done during most of working life, even if retired)			or foraign cour	irry)	IZ. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Freeman Bastfield		Ellen Fi	elds				
	JRITY NO. 17. IN			Address			
	1608 Ma	nu Reatfic	12 121	ת זא דו	onnoo	Stno	o+
	and (c).	Ly Dascile	14 10	TT 14 + 1			
PART I DEATH WAS CALISED BY							
IMMEDIATE CAUSE (a) Subarachnoi	d Hemorr	nage, recent	and ex	ctensive			
DUE TO Rupture of	cerebral	artery aneu	rvsm		21/2		
Conditions, if eny, which (b)							
DILLETO							
(e), slenning the underlying					37 114		
	O DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19. WAS A	UTOPSY
						PERFO	PRMED?
D COLUMN TO THE CALLED WAS A COLUMN TO THE CALLE	INV CALIDED IF					YES X	NO I
PRIMARY Or CONTRIBUTING	JRY OCCURED. (En	far nature of Injury in Par	I or Part II of i	fam 18.}			
20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCU	6. 1			or town)	(County)		(Stete)
Hour a.m. While Not Whi	10	y, silear, office bidg., arc.	1				
		an Autonsy W	Inspection [Inquiry	7 20	d in mu o	minian
						a m my o	pinion
dealif resulted from: Natural causes XI, Acciden	T, Suicid			erermined ma	nner		
1/ 1/ 1//	1	CHIEF MEDICAL E	XAMINER				
SIGNATURE SOWARD VI SHOW	W	M.D. ASSISTANT MEDI	ICAL EXAMINE	R 50		DATE SIG	NED
EXAMINER'S	P		EXAMINER T				
NAME (Type) HOWARD G. SHATTE, M. D.		Address (Street, c	ity, town, or co	ounty)		72/7/	67
NAME (Type) HOWARD G. SHAUB. M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME (REMOVAL (Specify)	OF CEMETERY OR	REMATORY		ON (City, town,	or country)	(Slale	0)
	er Memo		1.01120	ol Mor	vland		
23. FUNERAL DIRECTOR ADDRESS	er Meilo	240. REC	D BY REGISTRA		TRAR'S SIGNA	TURE	
Arlington S. Phillips 1808	N. Monr		EC 1 2 '6	4	reduce S. t.	Traces	
	• 4111	V L L L DAIL					

estimated on the Prepart Tables times because the management Enlaites two - compose services

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND, DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

Day

Days

(County)

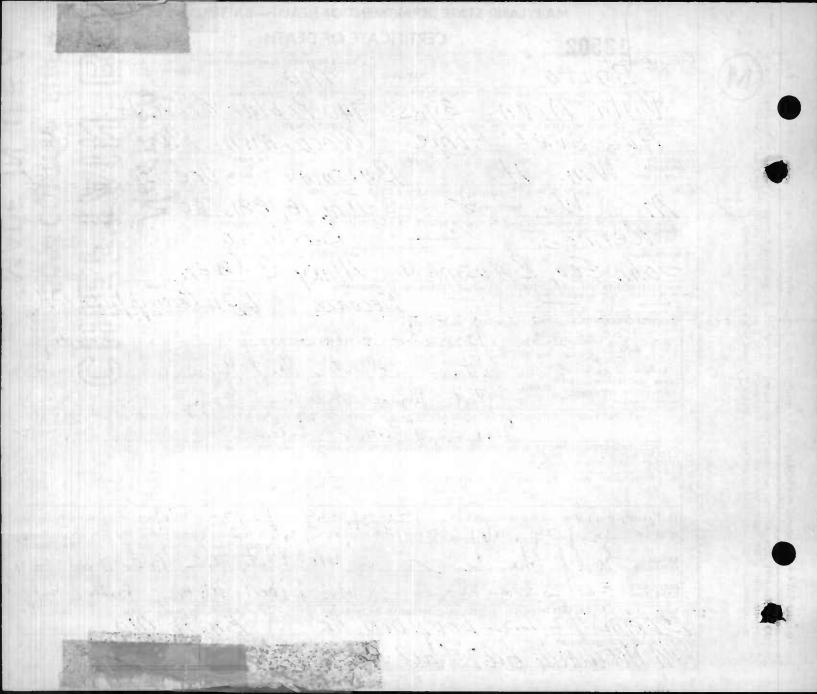
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YES NO

Year

196

10 VS A15 (4) 15M 9/5B



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Page 4 Page 4 Page 5 TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and comparely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death ours after within ATTENDING PHYSICIAN: The law requires that the death certificate be execu

TO HOSPITAL

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	GPS/IC	13504		CERTIFI	CATE	OF DEATI	H		13	483	
	PLACE OF DEATH					2. USUAL RESIDEN	ICE (Where de			ence before	edmission)
	BAL	LTIMORE	-	MARY	LAND	a. STATE MAI	RYLAND		DALT	TIMO	RE
	b. CITY OR TOWN (if	outside corporate limit give neerest town)	s, c	LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	(If outside corpo	orate limits, write	RURAL and giv	e nearest to	wn)
		SON		-		X To	NUSON				
		AL OR INSTITUTION (f not in hospita	al, give street addr	ress)	d. STREET ADDRESS					RESIDENCE
	707 WAS	SHINGTON	AVENU	VE		707 WA	SHING	TON 1	AVE.		A FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	De	Yes	er .
	(Type or print)	VAMES	H	FNRV	BI	-11	DEATH	DECE	UBER !	13, 19	61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	B [] 8.	DATE OF BIRTH	9.	AGE (In yeers			R 24 HRS.
A	1/4	11/11/1-				11/1/21 18	7/	last birthdey)	Months Days		Min.
10	MALE OCCUPATI	ON (Give kind of work	WIDOWED [D LIMBUSTER	diy Silio	/6	89 yrs.	12. CITIZEN	OF WHAT	COLINITARY
		rking life, even if retire		OF BUSINESS OF	K INDUSTRI	11. BIRTHPLACE (Cou	inty & Stere, or	foreign country)			COOMINI
Si	IPERVISOR (AR SHOPS	B.+ 0	O, RIR.		MARYLA	ND		U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
1	ANDREW.	BELL				SUSAN	WATI				
15. (Ye		R IN U.S. ARMED FOR		CIAL SECURITY N	IO. 17. II	NFORMANT		707 WASH	INSTOA	1 AVA	5,
	No	NONE		NONE	VAN	IES H. BELL	, Vr,	TAWSON	4	10.	
	IB. CAUSE OF D	EATH [Enter only one	ceuse per line	for (a), (b), end (c).]	- 0	, ,	, on our		NTERYAL BE	
		WAS CAUSED BY:	Re	spirate	rey	Failer	و			ONSET AND	DEATH
	000	DUE TO		1, -	1/2	20 0			/		
	Conditions, if eny	, which (b)	Kei	well	0	Il Sak	core	ca a	los -	5-1	Wed
	geve rise to immedia	ete cause				1		/			
	(a), steting the ur	derlying DUE TO		21-1	1 1	in					
	ceuse last.) (c)		1100	9990						
O	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTR	IBUTING TO DEAT	TH BUT NO	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(e	19. WAS	ORMED?
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EE.	20a. ACCIDENT WA	AS UNDERLYING	20b. DESCR	IBE HOW INJURY	OCCURED.	(Enter nature of injury in	n Pert I or Pert I	of item 1B.)			
ERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
7			1004 1111	URY OCCURRED	1 20 - DI A	CE OF INJURY (Home, fa	rm, 1 20f. (City	or town	(County)		(State)
2	20c. TIME OF INJUI	RY Month, Dey, Ye	While	Not While		ry, street, office bldg., e		01 10411)	(County)		(31010)
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	saw the deceas		er + 9			death occured at					
	22e, SIGNATURE	ed alive on.	······································	I Haling	and mar	deally occurred dis		1110 000000			2b. DATE
	226. SIGNATURE	000				ATTENDING	MED.	STAFF			SIGNE
	North	Jedla	col		М.		DIRECTOR	PHYS.			
	22c. PHYSICIAN'S NAME (Type)	7	7-91	- 11	MI	22d. ADDRESS					
		105 A.V	エノム	ACK		h					
23	BURIAL, CREMATI	ON, 23b. DATE THE	REOF 2	3c. NAME OF	EMETERY C	OR CREMATORY	23d. LOC.	ATION (City, tov	vn or county)	((Stete)
	REMOVAL (Specify)	DEC. 16.	1961	MT. MAK	21A 0	EMETERY	10.	WSON,	MD.		
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		25a. R			SISTRAR'S SIGN	NATURE	
-7	John Bur	nel Saus	Town	SON. NI	10.	DATE	DEC 1 8	61	Tethung S.	Trans	
	VYIN DUI	112 0112,	2000	2010/ 101		DAIL	20 MM				

7 9 3 Description that there is not all the property to MIKEN BELL HE NOTE WILL SING HOLE, SON THESE WE SEE a secret you they this story is actually the secretary that Valor Tarens Tones and James Marker The Committee of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after pith. Page 4 may be retained the hospital or attending physician.

TO TERAL DIRB. R: After this certificate has been signed by the attending physician and campletely d in by the funeral director, polyshould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SS

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
13505	CEDTIEICATE	OF DEATH	

CEKTIFICATE OF DEATH 70000

Reg.	Dist.	24	84
wan.	D131.	4.3	L X

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100. USAL OCCUPATION (Give kind of work) alone during mot of working like, even if retired) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTY HOUSEWISE 12. CITIZEN OF WHAT COUNTY HOUSEWISE 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. MAJDEN NAME 18. CAUSE OF PART I. DEATH WAS ACUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS ACUSED BY: 10. DEATH WAS ACUSED BY									21.	last birthday	y) Manths			
TEALY USA HOUSeWIFE 13. FATHER'S NAME Carl Clark 15. WAS DECEASE DEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as #2 18. CAUSE OF DEATH [Enter only one couse per line for [o], [b], and [o].] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoling the under: Lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTOPSY PERFORMEDY YES NO OR CONTRIBUTING CAUSE OF DEATH HOUR a. m., p. m. 19 20b. DESCRIBE HOW INJURY OCCURRED While Not work Of work							J					ITIZENI OF	140117 6	OLIN IZOVO
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark 19 While at wark 19 While at wark 19 While at wark 20c. PLACE OF INJURY (Home, farm, 20f. (City or tawn)) (State factory, street, affice bidg., etc.) 21. I certify that I attended the deceased from 19 Hour and the date stated about ADDRESS (Street, city or lown, state) DATE SIGNATURE ACTUAL SIGNATURE Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/23/61 Sacred Heart of Jesus Baltimore, Maryland 23c. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State)	20g. ACCI	DENT WAS	LINDERLYING [7]	20b DES	CRIRE HOW INTERY	OCCUPRE	D /Fnter no	ture of injury in f	Port Lor Po	et II of item 18.)			AE2	40 []
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark 19	OR CONT	RIBUTING [CAUSE OF DEATH		CHIDE HOTT HOTOKI	OCCORNE	D. (cilier in	iore or injury in t	0,1,10,10	17 11 01 110117 10.]				
21. I certify that I attended the deceased from				. 204 1	HURY OCCURRED	20- PI	ACE OF IN	LIDY (U f	Took (Cit				100	100
21. I certify that I attended the deceased from	Hou					for	tary, street	affice bldg., etc.	.) 201. (CII	y ar tawn)		(Caunty)		(State)
alive on 196, and that death occurred at 6:30A M, from the causes and an the date stated about the stated ab	*	p. m.	19	at war	k at wark									
alive on 1961, and that death occurred at 6:30 A M, from the causes and an the date stated about ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE ACTUAL M.D. 6714 Holabird Avenue 12/20/ PHYSICIAN'S Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 220. BURIAL, CREMATION, 122b. DATE THEREOF REMOVAL (Specify) Burial 12/23/61 Sacred Heart of Jesus Baltimore, Maryland	21. I ce	rtify tha	t I attended the	deceas	ed from		, 19	46, to_	Jano	20, 191	al, that I	last sav	v the de	eceased
ACTUAL SIGNATURE ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE ADDRESS (Street, city or lown, state) ADDRESS (Street, city or lown, state) DATE SIGNATURE M.D. 6714 Holabird Avenue 12/20/ PHYSICIAN'S Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 22a. Burial, CREMATION, Park (Street) REMOVAL (Specify) Burial ADDRESS (Street, city or lown, state) DATE SIGNATURE 22/20/ PHYSICIAN'S Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 22a. Burial, CREMATION, Park (Stote) Burial ADDRESS (Street, city or lown, state) DATE SIGNATURE 22/20/ PHYSICIAN'S Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 22a. Burial, CREMATION, Park (Stote) Burial ADDRESS (Street, city or lown, state) DATE SIGNATURE 12/20/ PHYSICIAN'S Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 22a. Burial, CREMATION, Park (Stote) Burial Burial Burial Burial Burial Burial	alive or	n/	このてより	_, 19_	6 / , and tha	t death	occurre	d at 6:30A	M, fra					
PHYSICIAN'S NAME (Type) Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 22a. Burial, CREMATION, PREMOVAL (Specify) 12/23/61 Sacred Heart of Jesus Baltimore, Maryland (State)		1	1,11, 1	20	1 1									
PHYSICIAN'S NAME (Type) Stephen C. Mackowiak, M.D. Baltimore 22, Maryland 220. BURIAL, CREMATION, Burial 12/23/61 Sacred Heart of Jesus Baltimore, Maryland (Stote) Burial	ACTUAL	REC)	efen (· Mu	otternal	1	м.р. 6	714 Hol	labir	d Aven	ue		12/2	20/6
22d. Burial, CREMATION, Page 22b. Date THEREOF Sacred Heart of Jesus Baltimore, Maryland (Stote)														
22c. SURIAL CREMATION, 22b. DATE THEREOF Sacred Heart of Jesus Baltimore, Maryland (Stote)	NAME (Ty	Pe) Ste	ephen C.	Mack	owiak, M.	D.	В	altimor	e 22	, Maryl	and			
Burial 12/23/61 Sacred Heart of Jesus Baltimore, Maryland			226. DATE THEREC	F	22c. NAME OF CEA	METERY O							(State)	
- 41/141	17		12/23/	51	Sacred !	Hear	t of	Jesus						
1 Z40, KEC D BY KEGISIKAK S SIGNATURE	23. FUNERAL D	DIRECTOR'S	SIGNATURE		ADDRESS			240 DEC'I						
Walter Brooks Bradley, Inc., Dundalk 22, Md DEC 22'61 Cultur 2. Huma	Walter	Bro	oks Brad	ley,	Inc., Dun	dalk	22,	Md DATE D	FC 2 2					
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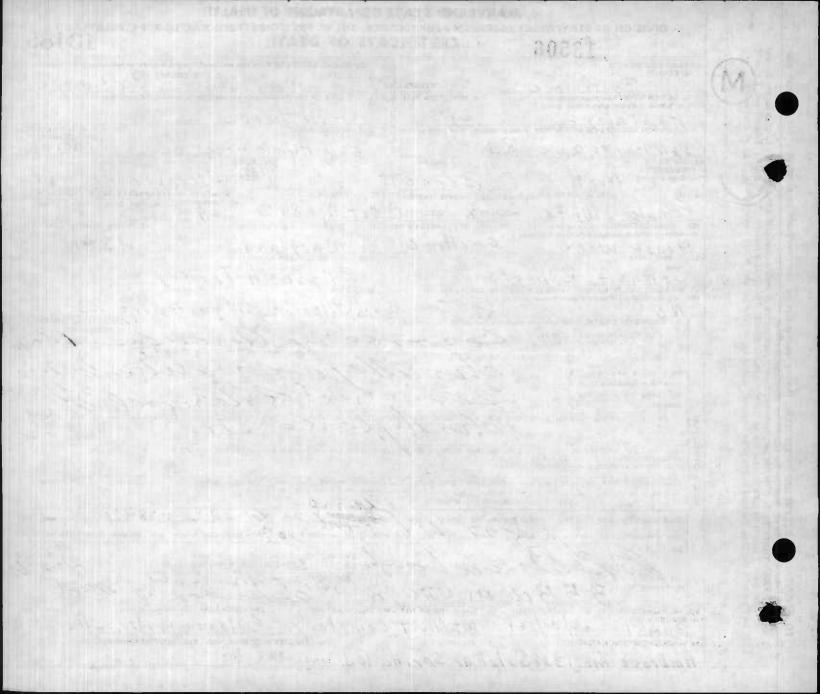
control filled in by the funeral in papers. Pages 1 and 2 should ours after thin 72 hours after death TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within of the Page 4 be retained by the hospital or attending physician.

IC SINERAL DIRECTOR: After this certificate has been signed by the attending physician and controlled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the permit of the prior to burial, cremation, or removal, and in any event, within 72 hours after the permit of the prior to burial, cremation, or removal, and in any event, within 72 hours after the permit of the prior to burial, cremation, or removal, and in any event, within 72 hours after the permit of the

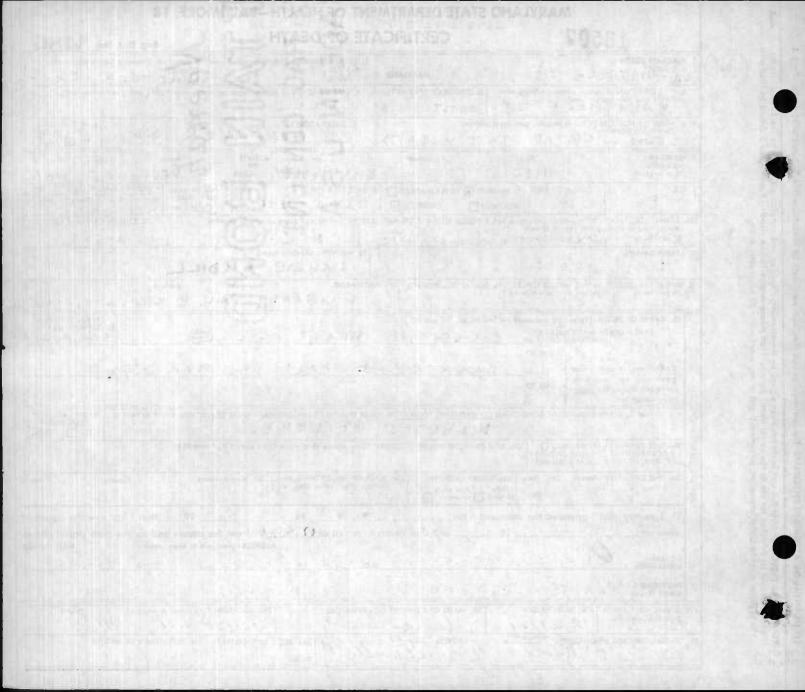
VR A1S (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13506 CERTIFICATE OF DEATH
13485

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence before edmission)
)]	Baltimace MARYLAND	e. STATE MARY / And b. COUNTY Baltimare
	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
ı	write RURAL end give neerest town)	X11.1.41
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS e. IS RESIDENCE
		ON A FARM?
	5611 Huntsmore Kd.	5611 Huntsmore Rd. YES NO
	3. NAME OF First Middle	Last 4. DATE Month Day Yeer OF
	(Type or print) NOILLE E. Bennett	DEATH December 28 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
d	Female White WIDOWED DIVORCED 10	ct. 9, 1892 lest birthday) Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTMPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House Work OmeHome	Mariland USA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	. Tohn A Paherts	Fli-shoth Tobers
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	(Yes, no, or unkown) (If yes give wer or dates of service)	
	Lie driver of person (s.)	rah Gleason 5611 Huntsmore Rd
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) '	Drep Gerougosos & day
	DUE TO	y fraction eyes
	Conditions, if any, which (b) 2 Class Ill	Mocardillis 6 mo
	geve rise to immediate cause	1007 1292
1	(e), stelling the underlying cause last.	referenteran
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TALATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTODOS
·	# 200 At 1/1	PERFORMED? YES \ NO \Z
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Part II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATTYBUT NO. 208. ACCIDENT WAS UNDERLYING TO DEATH OP CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTIONS 208. ACCIDENT WAS UNDERLYING TO DEATH OF CONTRIBUTIONS 208. ACCIDENT WAS UNDERLYING TO TO THE CONTRIBUTIONS 208. ACCIDENT WAS UNDERLYING TO THE CONTRIBUTIONS 208. AC	
		CE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State)
	Hour a.m. While Not While fact	ory, streat, office bldg., etc.)
	p.m. 19 et work et work	and
	21. I certify that (I) (this hospital) attended the deceased form	196, to 128 196, that (I) (we) last
	saw the deceased alive on 2 196, and that	death occured at 2.7%, from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Intellerumbough	PHYS. DIRECTOR PHYS. 12/28/1
1	22c. PHYSICIAN'S NAME (Type) D D D D D D D D D D D D D D D D D D D	22d. ADDRESS Them Set
	BBBTUM PAU9h	realpridge 27 Med
		OR CREMATORY 23d. LOCATION (City, towg or county) (State)
	Burial 12/30/61 Mt. Olivet Ca	emetery Prederica Prederica Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Ambrose Fno 1328 Sulah yr Spring	Rd. DATE AN 2 '62 ariling & throng
	Itmprose the 1328 Sulphur Spring	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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fely filled in by the funeral sts. Pages 1 and 2 should PACSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 and Page 4 the hospital or attending physician to page 4 the comparison of the page 4 the page 3 should be detached for use as the burial-transit permit. Then please remove carbon-pages. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

IO P

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	1	3508	Secret !	Ttom 23h E	AIE G3	OF JAMES	n mln			134	87
1.	PLACE OF DEATH	1		1 00111 2311 I		USUAL RESIDEN	ICE (Where de	ceesed lived, If	institution, Resid	ence before	admission)
	a. COUNTY	imana		MARYL	WALL	e. STATE		b. COUN	łTY		/
		imore if outside corporete limi	ts,	c. LENGTH OF STAN		c. CITY OR TOWN	yland	orete limits, write	RURAL end gly	e neerest toy	vn)
	write RURAL and	give nearest town)			19 1				0.1.	. 11	
_	d. NAME OF HOSPI	OWARD TAL OR INSTITUTION (if not in hose	113 days	eel	Baltimo	re -5		2 V O	1 0 15 8	ESIDENCE
					***					ON	A FARM?
2	Veterans	Administra	tion i			924 N. Ed				YES _	NO
٥.	DECEASED	First		Middle		Lest	4. DATE OF	Monti	n Da	ly ree	r
_	(Type or print)	FRED	4.5	D		BLAKE	DEATH	Decemb			61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH	9.	. AGE (In yeers last birthday)	Months Dey		R 24 HRS. Min.
	Male	Negro	WIDOWED	DIVORCED	□ Fel	oruary 10,	1895	66 yrs.	monnas Boy.	110013	,,,,,,,,
		ION (Give kind of work orking life, even if retire		ND OF BUSINESS OR		I. BIRTHPLACE (Cour		foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	Laborer			ehouseman		Accomac V	irainis		U.S.	A	
13	. FATHER'S NAME		11002	nioub chieri	14.	MOTHER'S MAIDEN	NAME		U .D	A.	
	Amabia	Plake				37 7.7	n. • s				
15	. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. INFO	Maria W	nite	Address	VA Hosp:	4.7	
(Y	**	fyes give war or detes of s			771	OTIM	ical ne	cords,	VA Hosp	rtal	
=	Yes	EATH [Enter only one		7-07-2137	Dart:	imore 18,	MaryLan	id-FORT	HOWARD	NTERVAL E	TWEEN
	PART I. DEAT	H WAS CAUSED BY:								ONSET AND	DEATH
	400	IMMEDIATE CAUSE (e)	PNET	IMONTA						6 wee	ks
	13	S XUEXUX									
	Conditions, if any	(0)									
	(a), stating the u	DIJE TO									
	ceuse lest.	(c)									
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)		
ATIC	Homent ex	nsive Cardi	OTTORAL	Tar Diego	ea Anta	mi ogalaro	tic Hes	nt Dice	250	YES T	NO VE
IFIC		AS UNDERLYING		CRIBE HOW INJURY C					ase		
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
	20c. TIME OF INJU		er 20d	NJURY OCCURRED	20e PLACE C	OF INJURY (Home, fer	m, 1 201. (City	or town)	(County)	777	(Stete)
MEDICAL	Hour a.m.	, Monin, Dey, 16	While	Not While		street, office bldg., etc			(0001117)		(5.5.5)
ME	p.m.	19	et work	et work			1				
	21. I certify t	hat 11) (this hospi	tal) attend	led the deceased	from	lov. 11	196], to.	Dec 2.	4 19.6	that N)	(we) last
	saw the deceas	sed alive onDe	c. 24	19.61., ar	nd that de	ath occured at	AM from	the causes	and on the	date state	d above
	22e. SIGNATURE	/	,			ATTENDING	MED	STAFF		221	SIGNED
	Charl	is E. Kon	Jan		M.D.		MED. DIRECTOR	PHYS.		72/2/1	167
	22c. PHYSICIAN'S					22d. ADDRESS				maring	
	NAME (Type	CHARLES E.	ROMAN	C M I		WAH Balto	18 Ma	Fort U	erand Di	wi ci o	
23	BURIAL CREMAT	ION, 23b. DATE THE		23c. NAME OF CE	METERY OR	VAH Balto	23d. LOC	ATION (City, to	wn or county)	VISTO	Stata)
1	REMOVAL (Specify)	Dec. 28		ACCON							V E
-	BURIAL		PLYOT	ADDRESS	Inc	125a BE	ACCOM	ac, Vir	ginia GISTRAR'S SIGN	JATURE	
	FUNERAL DIRECTO			ADDKESS				86 77			
1	Wharton and	d Savage		ACCOMAC	. VIRO	DATED	EC 2 9 '61	a	Thun & Th	aug.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

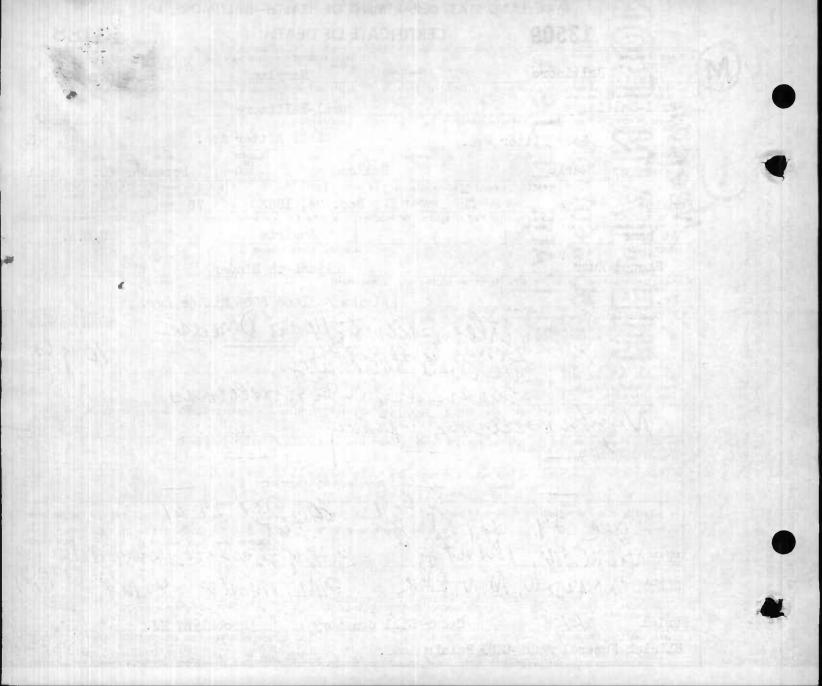
13509

CERTIFICATE OF DEATH

Reg. Dist. 3488

1	1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	- 11	o. STATE	DENCE (Who		lived. If instituti b. COUNTY				ion)
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town))		
	Hural_Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street oddress)				Rural-Baltimore d. STREET ADDRESS e. IS RESIDENCE						DENICE		
	OR INSTITUTION 5533 Ritter Ave.						tter A				ON A	FARM?	
	3. NAME OF				1				-				NO 🔀
1	DECEASED (Type or print)	Marie	1st	Middle	Bol	Land	it	4. DATE OF DEATH	Dece	omber	29,		Yeor 19 61
	S. SEX	6. COLOR OR RACE	7. MARR	ED X NEVER MARRIED	8. 0	DATE OF BIRTI	Н		9. AGE (In years lost birthdoy)				R 24 HRS.
	Female	White	WIDOWE	D DIVORCED		Dec. 24	1, 188	3	78 yrs.	Months	Doys	Hours	Min.
	10o. USUAL OCCUPATION	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	At home	ng me, even n remed				A	lustri	a			U.S.A.		
	13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME					
	Samuel A	Auer				Eliz	abeth	Binde	er				
	1S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT			Add	ress	ke i o		
	No.				Alvi	na Bol	land	5533 F	Ritter Av	ze.			
	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (9	use per lin	efdr.(0), (b), and (c).]	ero	tight	eart	Du	lease		INTE	RVAL BE ET AND	TWEEN
Conditions, if ony, which) DUE TO CONSESSION OF AUTOMOTION OF THE PROPERTY OF						ellil	Tio				10	7	1s
	gove rise to im couse (o), stating the lying couse lost.	DUE TO	ger	peralix	do	Irli	ric.	sele	Losis			0	
	PART II/ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12												
	PART II/ OTHER SICHIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work at work at work 10 of work 10												
ı	21. I certify that I attended the deceased from 1960, to Del 29, 16, that I last saw the deceased												
	alive an 100 1, 190 and that death accurred at 7,00 M, fram the causes and an the date stated abave.												
	X	ADDRESS (Street, city or town, state) PATE SIGNED											
	SIGNATURE	DONW.	100	MIZE	M.D	300	97	vers	green (we	B	ally	-1-1
	PHYSICIAN'S NAME (Type)	NALDW	. M.	NTEER		BA	LT	Most	E 14	L. M	14	j	196
	220. BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	e)
	Burial (Specify)	1/2/62		Cedar Hi	ll Ce	meterv		Bro	oklyn. M	d.			
	23. FUNERAL DIRECTOR'S			ADDRESS	116	1000	24a. REC'D	BY REGIST	No.		GNATUR	E	
ı	ULLTICH FU	neral Home	4210	Belair Ros	ad.		DATE JA	N 4 1	62 a	reliun 2	P. Kras	A.V.	

in by the funeral directar, and 2 shauld be filed with Pages 1 DING PHYSICIAN: The law requires that the death certificate be executed within 24 AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers, the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. WSI (4) SEC (7) SPITAL OR MS/6 WSI (7) SEV SAL DIRECT

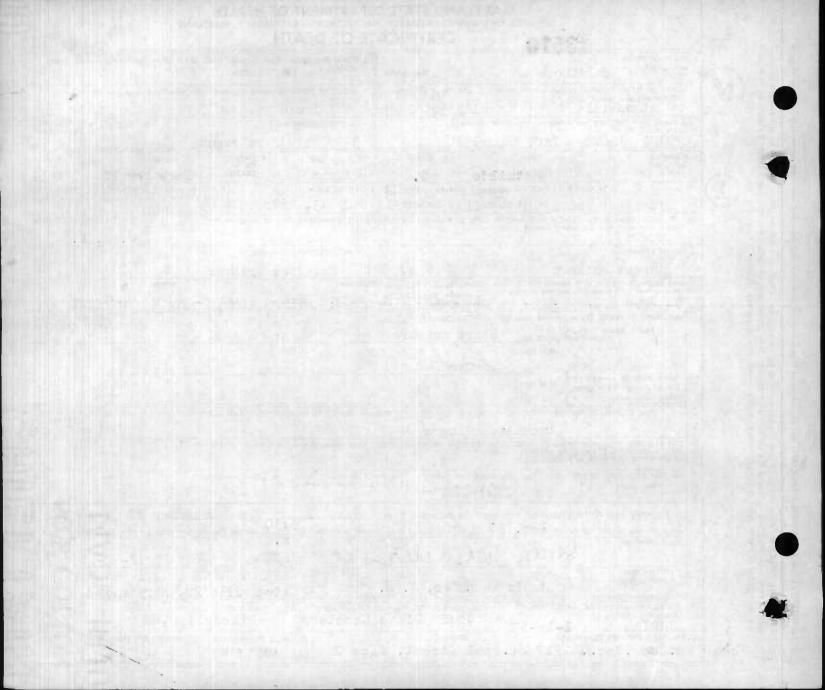


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orrer or rage 4	the funeral directar, shauld be filed with	(V (N)
xecured within 4th naurs offer of a rage 4	d campletely fills, in by the funeral director, popers. Pages 1 and 2 shauld be filed with	hours after death.	I

NDING PHYSICIAN: The law requires that the deoth certificate be e haspital ar attending physicion.

the attending physician and camplete	Then please remove carban popers.	and in any event, within 72 hours after		
TO P. RAL DIRECTOR: After this certificate has been signed by the attending physician and camplete	page 3 should be detached far use as the burial-transit permit. Then please remove carban popers.	the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after		C
TO P	page	the S	1	5

_		13311				
1.	PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND		ere deceased lived. If institution: Ryland b. COUNTY	desidence befare admission)
	b. CITY OR TOWN (III	f autside carporate limits, writ	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carporate limits, write RURAI	L and give nearest town)
	Catonsv		llyr5mth28dys	Baltimore		3V01-4
	d. NAME OF HOSPIT	AL (If nat in haspital, give stre	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		OVE STATE HO	OSPITAL	3339 Belved	ere Avenue	YES NO
	NAME OF DECEASED (Type or print)	First Models 2	Middle	Lost	4. DATE Manth OF DEATH December	Day Year
_	SEX	Mathi	ARRIED NEVER MARRIED	Bollman B. DATE OF BIRTH	Decemen	Der 20 19 61 Under 1 YEAR IF UNDER 24 HR
	female		OWED DIVORCED	July 13, 187	last birthday) Mc	onths Days Hours Min.
10c			Ob. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTR
	during most of work	ing life, even if retired)	or a position of the	25		
13.	FATHER'S NAME			Mary Lan		U. S. A.
	August	Rollman		Caroline	2	18
15.			16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	8
{Ye	unknown	(If yes, give war or dates of service)		cords: SPRIN	C CDOUTE STRATE	
-	-	TH [Enter anly ane cause per		cords: SPRIN	G GROVE STATE	HOSPITAL
	11/40	TH WAS CAUSED BY:	Heart failure			ONSET AND DEATH
	11. 01	JMMEDIATE CAUSE (a)	meare ratture			
	Can distance of	DUE TO	Pneumonia			
	Canditians, if a	m mediate	THEUMONIA			
	lying cause last.					
z		J (c) IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	IN PART 1(a) 19 WAS AUTOPS
CATION			tus ulcers	THE TENME	THE DISERSE CONDITION STREET	PERFORMED?
IFIC	20g. ACCIDENT WA		DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	Part I or Part II of item 18.)	TIES LI NO B
CERT	OR CONTRIBUTING	S UNDERLYING [] 20b. D CAUSE OF DEATH MEDICAL EXAMINER)				
CAL	20c. TIME OF INJUR	Y Month, Day, Year 20d		ACE OF INJURY (Hame, farm,		(County) (Stat
MEDICAL	Haur a.m. p.m.	19 Wh	ile Nat while fa	ctary, street, affice bldg., etc.		
~				Inno 21 10	FO . December	96 674
			ended the deceased fram. 2019_61, and that		59 to December,	
	22a. SIGNATURE	^		a.	M, fram the causes and a	on the date stated above 22b.DATE
		Stella	Wachsler		RECTOR PHYS.	12-20-61 SIGNI
	22c. PHYSICIAN'S NAME (Type)	Stella	Wachsler, M. D.		RING GROVE STAT	
230	BURIAL, CREMATIO		23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or co	
	REMOVAL (Specify) BURTAL	1-13-62	Druid Ridge		Pikesville, Md	
	FUNERAL DIRECTOR		ADDRESS			AR'S SIGNATURE
1	wm. Cook, 11	1c., 1217 St.	Paul Street, 2	OTTE J	AN 15'62 and	we & Kana



VR A15 (4) 1SM 9/59

23o. BURIAL, CREMATION, 23b. DATE THEREOF

Dec. 22,1961

Le Fun Stone

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

Lunarah

Catonielle

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn ADDRESS

25b. REGISTRAR'S SIGNATURE

Woodlawn

e. IS RESIDENCE

Day

ON A FARM? YES NO W

√ear

9

PERFORMED? YES NO F

(State)

22b. DATE SIGNED

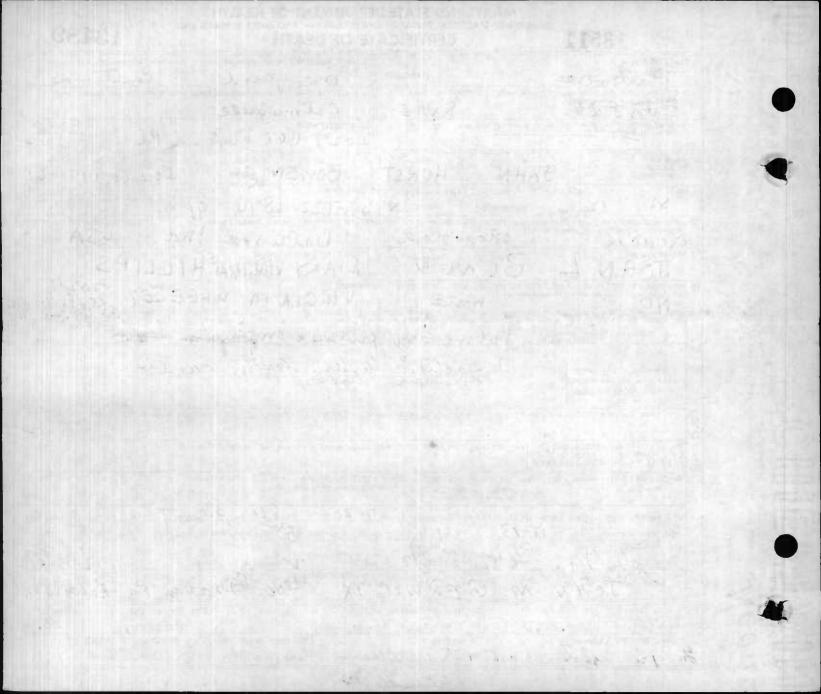
Md.

(State)

Justin S. Kraus

25g. REC'D BY REGISTRAR

23d. LOCATION (City, town, or county)



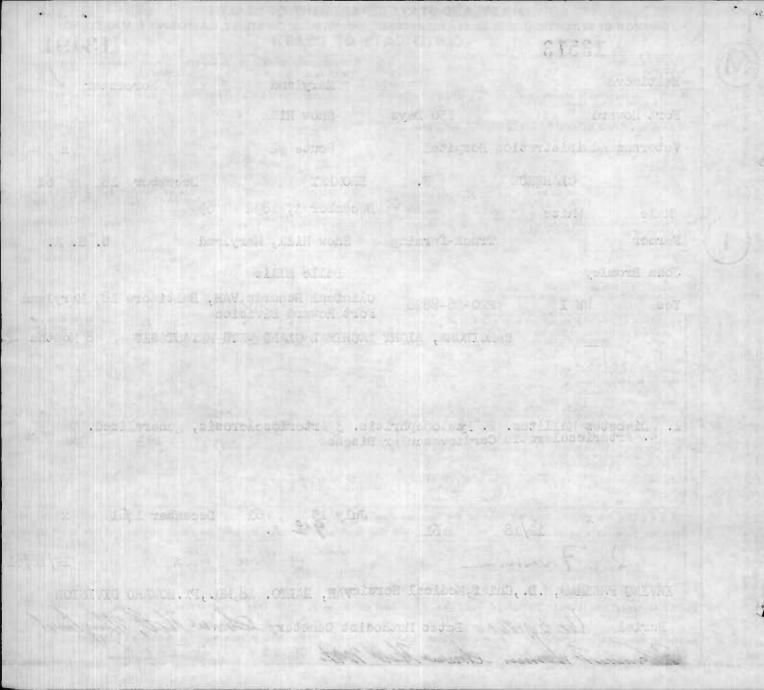
LAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RE PRESTON STREET, BALTIMORE 1, MARY, CERTIFICATE OF DEATH funeral em 14 Film G304 1/2/62 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY a. STATE the d 2 MARYLAND by # b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest fown) write RURAL end give neerest lown) filled in Pages 1 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sfreet address) d. STREET ADDRESS e. IS RESIDENCE papers. Pag ON A FARM? Sharon Drive Rt. 1 Box 590 Sharon Drive Rt YES NO 3. NAME OF DECEASED (Type or print) DEATH 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH pue lest birthdey) Months Hours WIDOWED X DIVORCED nding physician a 100 () USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any housewife 13. FATHER'S NAME 14. MOTHER'S MOLIDEN NAME attending 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT unknown Address (Yes, no, or unkown) | (If yes give we ror detes of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: grastro Inkytimal Hemorrhage IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which (b) has been geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? Ytexio Sulerolis NO L use 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Nof While et work et work DIRECTOR: to De-C., 196/, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Oct saw the deceased alive on. Dec. 24, 19.6/., and that death occured al. M., from the causes and on the date stated above, DATE 22e. SIGNATUR ATTENDING SIGNED. DIRECTOR PHYS. PHYS. 26-6 FRAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) कैं कें Baltimore, ouria 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 2 7 61 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 5305 Hartord Rd. 15M 9/60 DATE

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VR A15 (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13513	CERTIFICATI	E OF DEATH		13491
1. PLACE OF DEAT	Н				stitution: Residence before edmission)
Baltimore	<u> </u>	MARYLAND	e. STATE	b. COUNT	/
	(if outside corporate lim.		Maryland		Worcester V RURAL end give neerest town)
	d give neerest town)	156 Days		ide corporate trititis, write r	124.0
		if not in hospital, give street addrass)	Snow Hill d. Street Address		e. IS RESIDENCE
		tion Hospital	Route #2		ON A FARM?
. NAME OF	First	Middle	Last 4.	DATE Month	Dey Yeer
DECEASED (Type or print)	CLAREN	CE E.		OF DEATH D	20 10 (2
S. SEX			BROMLEY B. DATE OF BIRTH	9. AGE (In years	
24 2			December 1, 189	last birthdey)	Months Deys Hours Min.
Male	I White TION (Give kind of work				112 CITIZEN OF WHAT COUNTRY
done during most of w	orking life, even if retire	d)			12. CITIZEN OF WHAT COUNTRY?
Farmer		Truck-farming	Snow Hill, Ma		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
John Bron	nley		Belle Ellis		
	VER IN U.S. ARMED FOR (If yes give were referes of s		INFORMANT	Address D - 3 d - 3	70 7 7
Yes	WW I	220-26-8828			more 18, Maryland
18. CAUSE OF	DEATH [Enter only one	ceuse per line for (e), (b), end (c).]	Fort Howard Div	ision	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	CARCINOMA, RIGHT I	LACRIMAL GLAND	TTTH METASTAS	SIS ONSET AND DEATH
1 cA	IMMEDIATE CAUSE (a)	Ozerowali ziakiza	TIOTIZE GIRALD	WELL PRIZEDIN	Jab C Remons
	DUE TO				
Conditions, if an	(-)				
(a), steting the					
ceuse lest.) (c)				
PART II. OTHE	R SIGNIFICANT CONDI	tions contributing to death but no us. 2. Pylelonephriti	T RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHE Diabe 1. Diabe 4. Ard 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	teriosclero	tic Cardiovacavian T	rs. 2 Wineliosc.	rerosis, gene	eratized YES NO X
20e. ACCIDENT W	AS UNDERLYING	tic Cardiovascular I	Enter nature of injury in Pert !	or Part II of item 18.)	
(IF EITHER, NOTIFY	G CAUSE OF DEATH Y MEDICAL EXAMINER)				
20c. TIME OF INJ	URY Month, Day, Ye	er 20d. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, ferm, 1 2	Df. (City or town)	(County) (State)
20c. TIME OF INJ		111110	tory, street, office bldg., etc.)		
	19	at work at work	7 2 25		- ok
21. I certify	that xl) (this hospi	tal) attended the deceased from.	July 15 190.	L., toDecember	c1001, that $(0x)$ (we) last
saw the decea	sed alive on12,	/1819.61 , and that	death occurred at.AN	I, from the causes a	and on the date stated above
220. SIGNATURE			ATTENDING MED.	STAFF	22b. DATE
1	· Thee.	M. S.	A.D. PHYS. DIRECT		12/18/
22c. PHYSICIAN'S			22d. ADDRESS		
IRVING	FREEMAN, M.D	.,Chief,Medical Serv	CICVAH. BALTO.	L8.MD. FT. HOV	ARD DIVISION
23e. BURIAL, CREMAT	TION, 235 PATE THE	REOF 23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town	g or county) (Stata)
REMOVAL (Specify Burial	1 Alex h	10// Potos Mother	Adat Compton	Augue H.	W Manh
24 FUNERAL DIRECTO	P'S SIGNATURE	ADDRESS ME LITOR	dist Cemetery	REGISTRAR 25b. REGI	ISTRAR'S SIGNATURE
THE PRINCE OF THE COLOR		2/1/	11 1 - 1	0.4	
My	rect Ween	yes Amour Mill	MILL DATE	morning.	S. Thous



Item DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in Pages 1 after Days Alexandria Fort Howard Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours Veterans Administration Hospital Middle DECEASED (Type or print) HILL. BROOKE WITTITAM COT 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH and WIDOWED [DIVORCED Male White physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Railroad Accountant 13. FATHER'S NAME please _ attending Roderick B. Brooke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then the (Yes, no. or unkown) | (If yes give wer or detes of service) Clin Rec WW-I g physician. signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO attending INFARCT CHRONIC has been gava rise to immediata cause DUE TO (e), stating the underlying CORONARY/THROMBOSIS couse lest. o certificate hospital 95 9 CARCINONA OF TESTES; / METASTASTS use 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) R: After this detached for 20c. TIME OF INJURY Month, Dey, Yeer While Not While Hour a.m. DIRECTOR: 3 should be dei at work at work p.m. saw the deceased alive on Dec. 2. 22e. SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ralph N. Lee 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify 12/5/61 DIRECTOR'S SIGNATURE

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Virginia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 20h Northview Terrace YES NO X 4. DATE DEATH 19 61 December 2. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months Deys Hours 1891 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Richmond County, Virginia U.S.A. 14. MOTHER'S MAIDEN NAME Ella C. Harrison Address VAH Baltimore Md - Ft Howard Division INTERVAL BETWEEN ONSET AND DEATH BRONCHOPNEUMONTA POSTEROLATERAL CORONARY OCCLUSION PYELONEPHRITIS UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Septicemia YES X NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that (this hospital) attended the deceased from Oct. 21, 1961 to Dec. 2, 1961 that (K) (we) last 19.61, and that death occured and p.M. from the causes and on the date stated above. 22b. DATE DIRECTOR PHYS. VAH Baltimore 18 Md - Ft Howard Division 23d. LOCATION (City, town or county) (Stata) National Memorial Cemetery FALLS CHURCH 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 520 S. Washington St Son Alexandria, Virginia DATE DEC 5

VR A15 (4) 15M 9/60

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FOR HEALT	1 STA	ATE DEPT.
TO DEPUTY MEDICAL EXAMINER: This cartificate should be executed within 24 hours after death. If ony delay is necessor please measure the cartiest writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to in merol direct plage measured to the Chief Medical Examiner's Office along with form PM3. Poge 5 may be a lined for your less. TO Prove MAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File poges 1 and 2 with the Slate Board of Health. It is	or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.	X
execute the certification of t	or its designated agent	2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

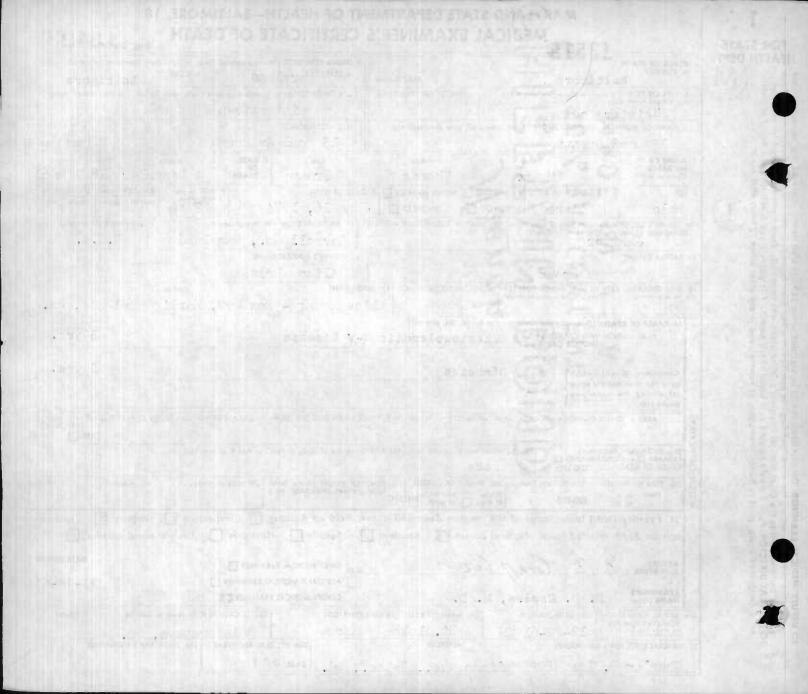
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13515

Reg. Di

200	Dist	3	4	9	3
reg.	DISM-	-144		-	-

PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore							
b. CITY OR TOWN (If autside corporat and give hearest fown)		c. LENGTH OF STAY IN 16	c. CITY OR		orporate timits, write					
d. NAME OF HOSPITAL OR INSTITUTE	TUTION (If not in I	nospital, give street address)	id. STREET A				. IS RESIDENCE			
15 Bond Avenue	e		15 E	15 Bond Avenue						
3. NAME OF DECEASED (Type or print)	First Eugene	Middle Thomas	Bro	Wn 4. DATE OF DEATH	Mont Dec	ember	16 19 61			
5. SEX 6. COLOR	OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS.			
Male Colo	red widow	VED DIVORCED	June 16,	1874	last birthday! 87 yrs.	Months Day	rs Hours Min.			
10a. USUAL OCCUPATION (Give kind during most of working life, even in Janitor	of work done 10b f retired)	. KIND OF BUSINESS OR INDU		CE (State or foreign			S. A.			
13. FATHER'S NAME			14. MOTHER'S A	MAIDEN NAME						
Thomas Br	own		Alic	e Ross						
	10 10 000 00 71 17									
PART 1. DEATH WAS CAU IMMEDIATE (260 X) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	gove rise to immediate cause (a), stating the underlying cause last. (c)									
CAUSE OF DEATH. NO No.										
opinion death resulted f	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection &, Inquiry \overline{\mathbb{X}}, and in my opinion death resulted from: Natural causes \overline{\mathbb{X}}, Accident, Suicide, Homicide, Undetermined manner									
FYAMINER'S	Caples.		ASSISTAN	EDICAL EXAMINER (IT MEDICAL EXAMII MEDICAL EXAMINER	NER []		12-18-61			
220. BURIAL, CREMATION, 22b. DA'		St. Lukes		22d. LOC	ATION (City, town, Lsterstown		(Stole)			
23. FUNERAL DIRECTOR'S SIGNATUR Charles R. Law	E	ADDRESS	10 P	24a. REC'D BY REGI	STRAR 24b. REGI	STRAR'S SIGNA				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13516 **CERTIFICATE OF DEATH** director, ifed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE Last DECEASED DEATH (Type or print) ROWN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH lost birthday) WIDOWED Z DIVORCED | YI'S. off 10a. USUAL OCCUPATION (Give Kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) puo Jousewi 9 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending no 18. CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which remava (b) gave rise to immediate DUE TO couse (o), stating the underlying couse lost. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year factory, street, affice bldg., etc.) Hour a.m While Not while of work at work 21. I certify that (I) (this haspital) attended the deceased from O

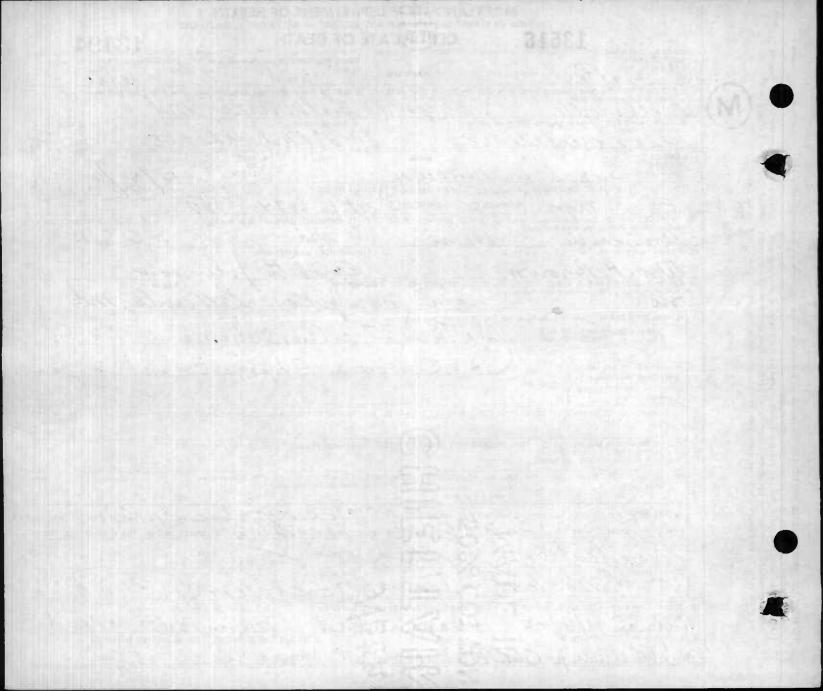
YES NO PA Year 19 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Caunty) (Stote) saw the deceased alive an and that death accurred at ZZM, fram the causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR [PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) EMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATUR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Orthur & Thous DATE

e. IS RESIDENCE

ON A FARM?

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VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived it institution; Rasidence before admission e. COUNTY MARYLAND c. LENGTH OF STAY IN 16 3. NAME OF OF DECEASED DEATH (Typa or print) 5. SEX AGE (In years | IF UNDER 1 YEAR 6. COLOR OR 7. MARRIED asphirthdey) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no or Inkown) | (Ifyesgive werordetas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immadiata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20e, ACCIDENT WAS UNDERLYING OF CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' (County) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While et work p.m. 21. I certify that (I) (this hospital) attended the deceased from an 1952 to 19 ac .. 2... 9, 19.6 that (I) (we) last, and that death occured 3.35/M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMAT CREMATION

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSETAND DEATH

PERFORMED?

NO .

(State)

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(Stete)

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YES

n e retained by the hospital or attendin. DIRECTOR: After this certificate has been pluods NERAL page P. E. B VR A15 (4) 15M 9/60

funeral pluods

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13518 CERTIFICATE OF DEATH

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20020				10430
1. PLACE OF DEATH a. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (WH	ere deceased lived. If institution b. COUNTY	an: Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) HALE THURPE	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF O	nutside carporate limits, write RI	URAL ond give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION WASHING TO		d. STREET ADDRESS 43 04 WA	os hington s	e. IS RESIDENCE ON A FARM? YES
3. NAME OF DECEASED (Type or print) REATHA	AL VERTA	CASER	4. DATE Mon OF DEATH / 2	th 9 Day Year 19 6/
6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 190	9. AGE (In years lost birthday) yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b ping mast of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	PAWLINGS	
(If yes, give war or dates of service)		NFORMANT GASEA	Addr 4364 WASH	encron St
PART I. DEATH Enter anly ane couse per I I I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c)	MY PERTE	ARDIA NION, AR	L INFAR TEROSCIERI MONIA	CTION ONSET AND GEATH ONSET AND GEATH OS 15
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. Haur a. m. While	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	t, 20f. (City ar tawn)	(Caunty) (State
21. I certify that (I) (this haspital) attensaw the deceased alive an 22a. SIGNATURE	1.1	death accurred at	2	d an the date stated abave
22c. PHYSICIAN'S NAME (Type) 23a. PIRIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	22d. ADDRESS		ar caunty) (State)
2. Fineral Director's SIGNATURE	3 FNG i mor	7.4		STRAR'S SIGNATURE

in by the funeral director, and 2 shauld be filed with AL DIRECTOR: After this certificate has been signed by the attending physician and completely filly that DIRECTOR: After this certificate has been signed by the attending physician and completely filly be should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. JING PHYSICIAN: The law requires that the death certificate be executed within

TO HOSPITAL OR TO FU VR A1S (4) 1SM 9/59

130-75

William Griss

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HALETHORPE 30 1/20 HOLETHORPE

4304 WASHINGTON St 4304 CLASHINGTON St

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13519 CERTIFICATE OF DEATH 121019

1									
PLACE OF DEAT	гн				institution: Residence before edmissio				
Baltimore		MARYLAND	Maryland	b. COUN	Talbot Talbot				
	(if outside corporete limits,	c. LENGTH OF STAY IN 16		If outside corporata limits, write	RURAL end give neerest lown)				
write RURAL er	nd give neerest town)				214.2				
Fort Howa		5 Days	Trappe						
d. NAME OF HOSI	PITAL OR INSTITUTION (if not in	hospital, giva street addrass)	d. STREET ADDRESS		e. IS RESIDENC				
Veterans	Administration	Hospital	Route #1 Bo	ox 64A	YES NO K				
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeer				
(Type or print)	LEVIN	R	CAMPER	OF DEATH Decemb	per 3 19 61				
5. SEX	6. COLOR OR RACE 7. MAR		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
Male	27		iay 21, 1888	lest birthdey)	Months Days Hours Min.				
		WED X DIVORCED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/3 yrs.	12. CITIZEN OF WHAT COUNTR				
done during most of v	working life, even if retired)								
Farmer	F	arming	Trappe, N		U. S. A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Levin H.	Camper		eorgette Tri	ippe					
					more 18, Maryland				
Yes	(If yes give war or detes of service)				lore 10, Maryland				
	DEATH [Enter only one cause p	er line for (e). (b), and (c).)	RT HOWARD DI	CVISION	INTERVAL BETWEEN				
	TH WAS CALISED BY.		TA ON MARIN	TITTETT APPENAGED A COM A COM	ONSET AND DEATH				
100	IMMEDIATE CAUSE (e) CA	RCINOMA OF AMPUI	LA OF VATER	WITH METASTASE	STO				
133		VER AND LUNGS			UNKNOWN				
Conditions, if er	(D)	RONCHOPNEUMONIA		TERMINAL					
gave rise to imme (e), stating the	DIFT								
cause lest,	(c)								
Z PART II. OTH		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPS				
E I					YES X NO				
E ACCIDENT A	WAS UNDERLYING TO 1 201	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part Lor Part II of item 18 \	Its X NO				
OR CONTRIBUTION	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	, (chief heldis of infuly in	ren or ren or nem 15./					
ZOC. TIME OF IN.	JURY Month, Dey, Yeer 20		CE OF INJURY (Home, farm		(County) (State)				
20c. TIME OF IN. Hour s.m.	at 1	hile Not While fact	ory, street, office bldg., etc	.)					
			lovembor 28	-61 -	0 (5				
		ended the deceased from.			er31961 that (1) (we) la				
saw the dece	ased alive on Decemb	er319.61., and that	death occured at	SM, from the causes	and on the date stated above				
228, SIGNATURE	A. la)	A A = -	ATTENDING /	MED. STAFF	22b, DATE SIGN				
SILL	2 may 1	M W	DUIVE C	DIRECTOR PHYS.	12/4/6				
22c. PHYSICIAN			22d. ADDRESS		//-				
NAME (Typ	IAN RUSSO, M.D.		VAH BATAT	MORE 18 MD FT	L. HOWARD DIVISION				
	TION, 236. DATE THEREOF	1 23c. NAME OF CEMETERY		23d. LOCATION (City, tow					
REMOVAL (Specif	V1 /2-4-61								
Burial	0 1	Trappe Cemete		Trappe	Maryland				
24 FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR 25b. REG	A .				
Elroy O.	Wilson, 1000 B	rantley Ave., Bal	to.17, MinDEC	6 '61 Cih	un S. Flimes				

stely filled in by the funeral ers. Pages 1 and 2 should ppers. Pages I and 2 72 hours after death. COM Then please remove carbon TO INERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO INERAL DIRECTOR: After this certificate has been signed by the attending physician and codificator, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with HOSPITAL VR A15 (4) 15M 9/60

ITENDING PHYSICIAN: The law requires that the death certificate be

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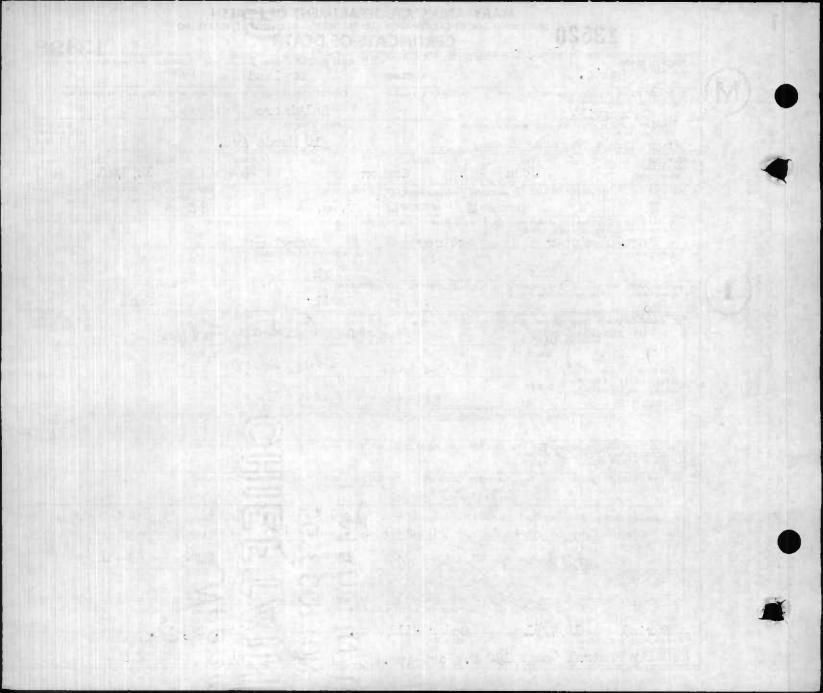
District egolder EWilbross feristic

EU PISI.

VR A15 (4) 1SM 9/S9

	MARYLAND STATE DEPARTMENT OF HEALTH
12500	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI CERTIFICATE OF DEATH
13250	CERTIFICATE OF DEATH

	7	3320		C	ERTIFICA	VIE	OF DEA	IH	,	3.73		1	349	28	
1	o. COUNTY Ba	Lto.		tem 1	MARYLAND	2.	STATE Mar	yland	eased lived. If in		Residen	ce befor	e admissi	on)	
1	b. CITY OR TOWN (If RURAL and give ne	autside carporate limi arest tawn)	ts, write	c. LENGTI	H OF STAY IN 16	1			orporate limits, w	e limits, write RURAL and give nearest tawn)					
1		Catonsville					Baltimore 3						+		
	d. NAME OF HOSPITA OR INSTITUTION Caton Ridge	AL (If not in hospital, g					d. STREET ADDRES	ss Iaude A	ve.					DENCE FARM? NO	
1= 3.		Fir			Middle		Last	4. DA		Manth		. Da		rear -	
	(Type or print)		hn	L.	Canr	xor	5031	OF	ATH		12/3			9	
5	SEX	6. COLOR OR RACE	7. MAD	DIED NE		1	TE OF BIRTH		9. AGE (In)					R 24 HRS	
	M	W	WIDOW		DIVORCED		3/13/81		last birtho		Manths	Days	Hours	Min.	
10	a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF B	USINESS OR INDI	USTRY	11. BIRTHPLACE (State ar farei	gn country)		12. CITI	ZENOF	WHATC	OUNTRY	
		inisher		Reti	ired		Mar	vland							
13	. FATHER'S NAME			4,000		14	. MOTHER'S MAID	EN NAME				N.,			
		Unk					Unk							- 2	
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SE	CURITY NO. 17.	INFOR	MANT			Address	S				
L	No	ir yes, give wor or oures or s	GI VICE)				Family			S	Same				
F		TH [Enter anly ane co	use per li	ine far (a), (b), and (c).]	1	0	1.	۸ سد			INTE	RVAL BE	TWEEN	
	PART I. DEAT	TH WAS CAUSED BY:)		0,0	wt	e co	whal	- Faile	ul		ONS	ET AND	DEATH	
	41	DUE TO		0			20	Λ	- Faile						
	Canditians, if an)	C	oronau		Jul	onle	W)						
	gave rise to in cause (a), stating t	n mediate (1	1 4	2-1/								
	lying cause last.) (c)		arte	100	recen	r							
CERTIFICATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTI	ING TO DEATH BU	T NOT	RELATED TO THE	TERMINAL DIS	EASE CONDITIO	N GIVEN	IN PAR	T 1(a) 1	9. WAS PERFO	RMED?	
		CAUSE OF DEATH	20b. DES	CRIBE HOW	/ INJURY OCCURR	ED. (Er	nter nature af inju	ry in Part I a	Part II of item 1	B.)					
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	20d. I While at was		while f		OF INJURY (Hame, street, affice bldg		(City ar tawn)		(+	County)		(State	
	21. I certify that	t (1) (this haspital			deceased fram		accurred at	1261,.	a Dec	1	. 19_4 an the			we) las	
	22a. SIGNATURE	Louis	, 9	glo	en wh	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF)	/2-	-4		SIGNE	
	22c. PHYSICIAN'S NAME (Type)		C	0			22d. ADDRESS		155					t	
2	Burial, CREMATION REMOVAL (Specify)	N, 236, DATE THEREC)F		ME OF CEMETERY	OR CRI	EMATORY	112	CATION (City, I	own, or o	caunty)		(State	e)	
2	Burial FUNERAL DIRECTOR:	S SIGNATURE		ADDI	RESS	Cem	25a.	REC'D BY RE	GISTRAR ZSB.	REGISTR	AR'S SIG	GNATUI	RE		
	McCully Fu	neral Home	s 130	म .म	ort Ave-	# 31	O.O	EC 6	61 0	riim7	8. 10	rana			



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If Institution: Rasidance before admission) director. Page or your files. e. COUNTY Baltimore e. STATE MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Parkvil d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Por Boar fained tord Road State 3. NAME OF Middle 4. DATE DECEASED OF the (Type or print) anno. DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH may Page 5 may is 1 and 2 wit in 72 hours a WIDOWED TO DIVORCED oma 10a USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired Housewi pages 1 within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FIG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or datas of service) with in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) Office along w burial-transit p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) in pencil DUE TO Conditions, if eny, which (b) gave rise to immadiate cause ro DUE TO (e), stating the undarlying 98 Examiner causa last. pesn emation, CERTIFICATION 8 pluods 20a. EXTERNAL CAUSE WAS 13 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief / the Cir. 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) 0 Not While While Hour a.m. et work at work prior certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Homicide death resulted from Accident Suicide the designated ACTUAL execute SIGNATURE EXAMINER'S plnous NAME (Typa) 22b. DATE THEREO 22a. BURIAL. CREMATION 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 240 g land Memoria Durial Park

VS. AISME

5M 9/60

YIS. 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? arolina Sacrum Address same INTERVAL BETWEEN ONSET AND DEATH Hupertensive (ardiovascular Disease PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO LE 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Inspection Inquiry and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) 22d. LOCATION (City, town, or country) (Slala) 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DEC 8 arthur S. Mraire Hartord Road

b. COUNTY

December

Months

9. AGE (In years | IF UNDER 1 YEAR

last birthday)

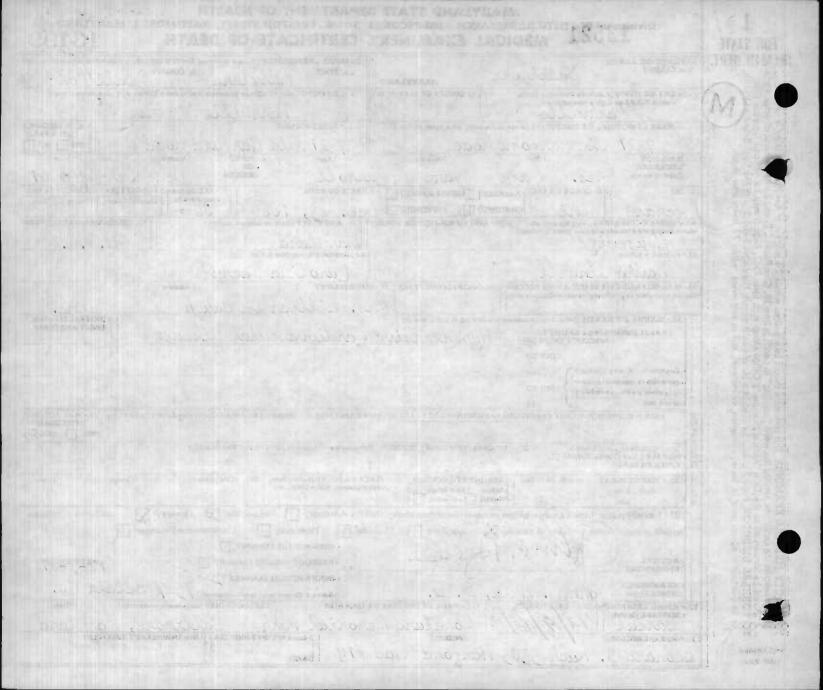
timore

. IS RESIDENCE

YES NO

IF UNDER 24 HRS

ON A FARM?



FOR STATE TO RULY ME. AL. EXAMINER. This certificate should be executed within 24 hours after death. By delay is no sary, and sexecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Minneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filest TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Board of Feath. Or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARS 500 1 352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	a. COUNTY BALTIMOR MERVIER	2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before edmission) e. STATE b. COUNTY / # #
	b CITY OR TOWN (if outside composets limits La LENGTH OF CTAY IN	Maryland
	Mildate (Next - 70	Middlesex
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
	TA. KR. INTEKS	732 Corby Road
i	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Charles Lindy Chaney,	Jr. Dec. 23 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	Jan. 1. 1947 14 yrs. Months Days Hours Min.
4	10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Student	Baltimore, Maryland U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Chanles Lindy Chaney, Sr.	Anna Elizabeth Nadreau
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Ifyasgive war or dates of service)	17. INFORMANT Address
	No	Mr. Frederick M. Wood, Sr4817 Wilein Avena
	PART I. DEATH WAS CAUSED BY: MULTIPLE	Empound Tractures - ONSEI AND DEATH
	802 × DUE TO (C.) 1	1. 0 . 1 . 1
	Conditions, if any, which) (b) () Ture	Timins; Ankhos; LAKGE fac.
	gava risa to immadiata causa (a), steting the undarlying DUE TO / CLT / 11 (a)	28
	causa lest. (c) Let Lumbi	on rugin C CUISCER ATION
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO P
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 208. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING COUR PRIMARY IT OF CONTRIBUTING COUR CAUSE OF DEATH.	ED. (Enter nature of Injury In Pert I or Pert II of item 18.)
		A. RR TR# 148- ENCINE# 48 10-NBOURD
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCUBRED 200 While Not While at work et work of work	PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
ı	E 12 15 p.m. (N 3/4/ 19 at work at work 1)	Tellow street once on Middle Rover-Bost to-Md.
	21. I certify that I look charge of the remains described above	, held an Autopsy , Inspection II, Inquiry II, and in my opinion
	death resulted from: Natural causes , Accident	Suicide , Homicide , Undetermined manner
ı	ma.	CHIEF MEDICAL EXAMINER
H	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S MIR DAVIS MI	Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Spacify)	
	Burial 12-28-61 Bel Air Memor	rial Gardens Bel Air, Maryland
ı	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Wim I Suckeen asons Balt 17/	md. DATOEC 28'61 Cirilian S. Thank

MANUSCO PROPERTY OF THE PARTY O The state of the s are took business at money to the total and the said to be a The second of th Continued through the continued to the State & State & State of the Party of the Pa Emilian by The comment has a firm in The state of the s TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 most remained by hospital or attending physician.

TO F ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely like of in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filed with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death.

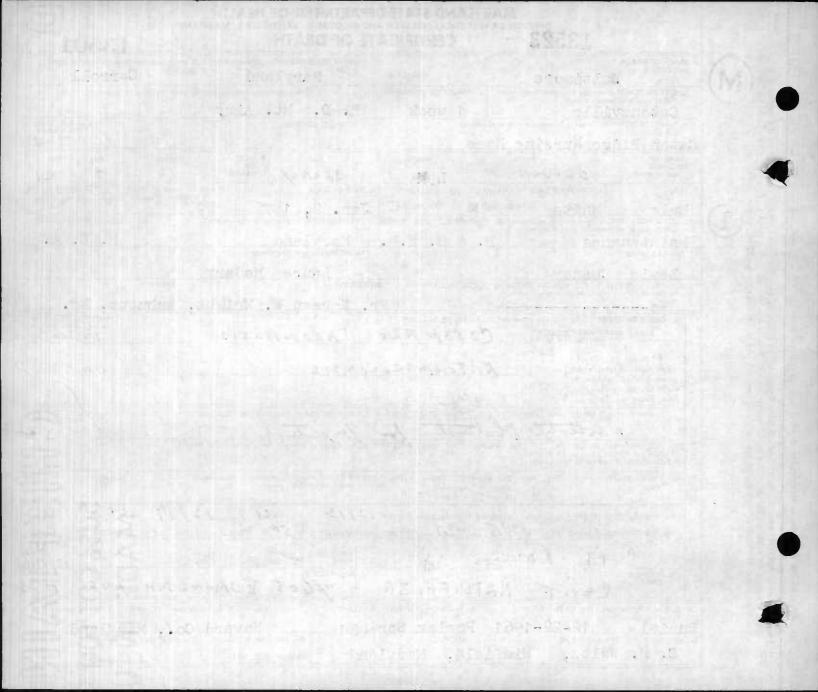
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

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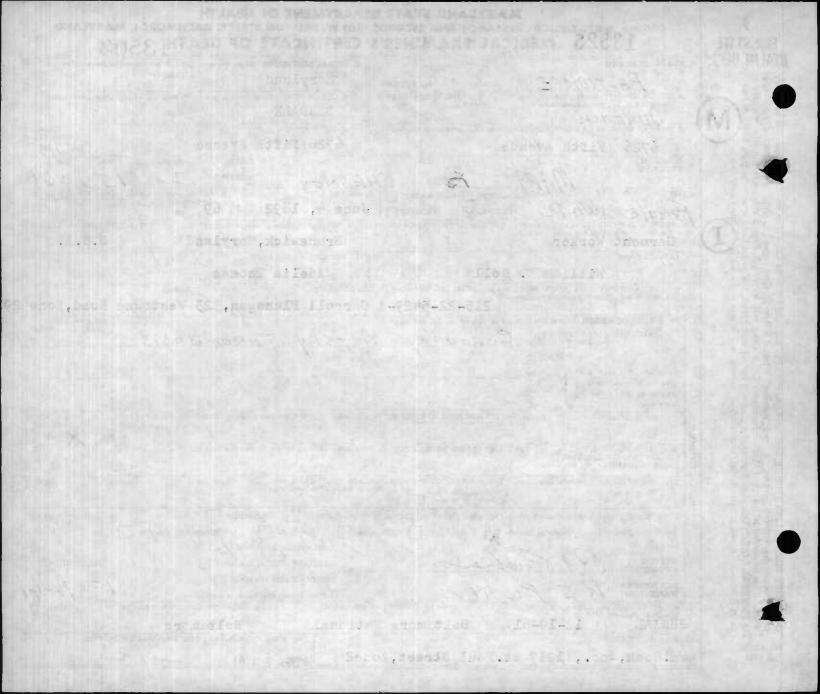
1.	PLACE OF DEATH					2. USUAL RES	IDENCE (Wh	ere decease			: Residence	before a	dmission)
L		ltimore		MARY	YLAND	o. STATE Maryland b. COUNTY Carroll							
	b. CITY OR TOWN (If a RURAL and give near	outside corporate limits est town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o			write RU	RAL ond gi	ve nearest	town)
	Catonsvi			1 week		R. D.	Mt	. Air	ry		06	X.	2
	d. NAME OF HOSPITAL	(If not in hospital, gi	ve street o	oddress)		d. STREET	ADDRESS					e. I	S RESIDENCE
C	aton Ridg	e Nursin	g Ho	me									S NOX
3.	NAME OF DECEASED	First		Middle		La	st	4. DATE OF		Month		Day	Yeor
	(Type or print)	OLIVER	2	1.集		ChA	INLY	DEATH	1	12	1000	19	194/
S.	SEX	S. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 8.	DATE OF BIRT	гн		9. AGE (I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			UNDER 24 HRS.
	Male	White	WIDOWE	D DIVORCE	D	Jan. 2	18	72	89	yrs.	Monins	Joys II	ours min.
100	 USUAL OCCUPATION during most of working 	(Give kind of work d	one 10b. I	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHP	LACE (Stote	or foreign o	country)		12. CITtZ	EN OF WI	HAT COUNTRY?
	Maintenan		B	. & O. R	.R.	Mary	rland				J	J. S	. A.
	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME	No. 18				
13	Lewis C	hanev				T ₁ 8	aura	Meda	arv				
15.	WAS DECEASED EVER I			SOCIAL SECURITY NO). 17. INF	DRMANT				Addre	ss		
1,	No				Mr	Norn	nan W	. Wr	ight.	Ar	butus	s. M	d.
F	18. CAUSE OF DEATH		se per lin	e for (o), (b), and (c).								I INTERV	AL BETWEEN
		WAS CAUSED BY:	(ORON A	IRY	THE	OMI	3051	j				AND DEATH
	17/0	DUE TO											
	Conditions, if ony		E.	ATCRIOS	sc.	1051						1. 1.	Known
	gove rise to imr	mediate (/1	11/2/2/00		10312	>					ON	nnown
	lying couse lost.	e under-		Russ									
Z		R SIGNIFICANT COND	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	O THE TERMI	INAL DISEAS	SE CONDIT	ION GIVE	N IN PART	1(0) 19. \	WAS AUTOPSY
ATI	DA	ash le	M	Pl. P.	1	1/		0	02 00.101		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P	ERFORMED?
FIC	20a. ACCIDENT WAS	UNDERLYING I	20b. DESC	RIBE HOW INJURY	CCURRED.	(Enter noture	of injury in I	Fort I or Po	rt II of item	18.)		1	3 110
L CERTIFICATION	OR CONTRIBUTING [CAUSE OF DEATH							TO X				755
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yea		JURY OCCURRED		E OF INJURY			y or town)		(Co	ounty)	(Stote)
ME	p. m.	19	While of work	Not while of work		,,	3.7						
	21. I certify that	(I) (this haspital)	attend	ed the deceased	fram_/	2/12	19	41. to	12	119	196	/, that	(I) (we) lost
	saw the deceosed		2/17	1961, and					the cou				
	220. SIGNATURE	. 1		January Communication of the C				,		233 0110	311 1170		22b. DATE
	Cur	t ha	lin	+ +	M	D. PHYS.	IG POI	ED.	STAFF PHYS.				11/19/C
	22c. PHYSICIAN'S NAME (Type)	•	-	•		22d. ADDI							1771-170
	(AYWE (LAbe)	LIFF	KA	TLIFF	215.	4	605	F-D	MON	050	NA	NC	# 29
23	a. BURIAL, CREMATION,	23b. DATE THEREO	F	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOCA	ATION (City	, town, or	county)		(Stote)
B	REMOVAL (Specify)	12-22-1	961	Poplar	Spri	ngs		How	ard (70/	Mana	77 22	7
-	FUNERAL DIRECTOR'S		,01	ADDRESS	71.1	-6-	25a. REC'	D BY REGIS		b. REGIST	RAR'S SIG	NATURE	u
	C. M. Wa	ltz, W	infi	eld, Ma	ryla	nd	DATE	2 2 '61		C1.11.	8. Ku	au A	
-							LEL	6 U			1 1 1 1 1 1 1	~~~	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

THE GALDIE ET CHICEN IN A SERVICE THE PARTY OF THE SEE THE ATT A STATE AND A STATE OF THE ACT OF TH Commence of the commence of the same

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) files. Health, a. COUNTY Page Maryland b. COUNTY MARYLAND ItIMORC b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 director. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your write RURAL and give nearest town) 40 DUNDALK UNDACK for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS a. IS RESIDENCE funeral ON A FARM? ained 6726 Fifth Avenue Fifth Avenue 6726 State YES NO NAME OF Middle DATE Month DECEASED the (Typa or print) DEATH 19 3 to with B. DATE OF BIRTY 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS may 2 with and 6 birthday) Months Days Hours June 1892 WIDOWED -DIVORCED [18. Giver 2. Page 5 r. form PM3. Page 5 r. nit. File pages 1 and 2 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired)
Garment Worker in pencil in Item 18. Give Pages 1, Brunswick, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William W. Doll Adelia Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or dales of service) with Carroll Flanagan, 323 Westowne Road, Zone 29 certificate should be executed 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c). INTERVAL BETWEEN Office along burial-transit p = ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HRTERY THROMBOSIS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause ro DUF TO SE (a), stating the undarlying Medical Examiner 9 be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! Page 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (Stata) factory, streat, offica bldg., etc.) 0 Hour a.m. While Not While al work prior at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes V Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BURIAL (Specify) 12-19-61 Baltimore National 0 940 Baltimore ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Wm. Cook, Inc., 1217 St. Paul Street, Zone2 5M 7/59 arihur S. Thomas DAMEC 2 0 '61

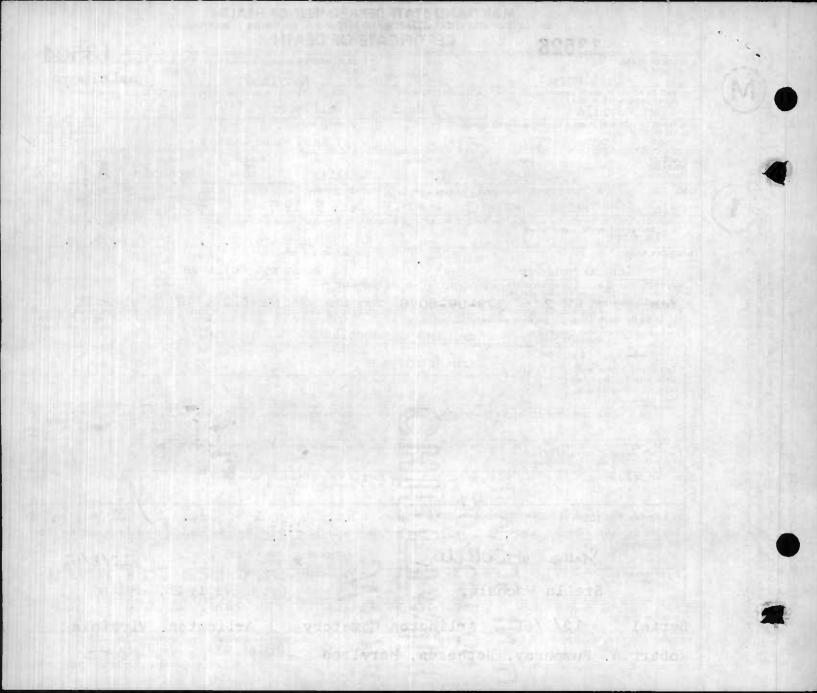


director,

MARYLAND STATE DEPARTMENT OF HEALTH

		13526	ION OF	CERTIFICAL RESEARCH			MORE 1,	MARYLAND		1.0	10		
1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Barvland Baltimore								
	b. CITY OR TOWN (III	outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR			orate limits, write R	URAL ond giv	e near	est town)	
	Catonsv			23 days	Baltimore 3 VOI-4								
	d. NAME OF HOSPIT	AL (If not in hospital, g	give street	oddress)	d. STREET	ADDRESS				0.	IS RESI	DENCE FARM?	
		ROVE STATE	E HO	SPITAL .	13 Ea	ast He	ad St	reet				NO D	
3.	NAME OF DECEASED	Fir	rst	Middle	Lo	st	4. DATE	Mor	ith	Day	Y	rear	
	(Type or print)	Freder:	ick	T.	Collier	r	DEATH	Decen	ber	1	2 1	9 61	
S.	SEX	6. COLOR OR RACE	7. MARR	SED NEVER MARRIED	B. DATE OF BIRT	гн	244	9. AGE (In years last birthday)	IF UNDER 1	-			
	male	white	WIDOWE	DIVORCED	Dec. 9	, 1907	7	53 yrs.	Manths D	ays	Haurs	Min.	
10c	. USUAL OCCUPATIO	N (Give kind af wark ing life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote	or foreign c	ountry)	12. CITIZE	N OF	WHATC	OUNTRY?	
	laborer				Was	shingt	on, D	. C.	U.	S.	A.		
13.	FATHER'S NAME				14. MOTHER'	S MAIDEN N	NAME		4 11 5				
	Rich	ard Collie:	r		I	Margar	et Su.	llivan					
	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress				
	Yes	WW 2		9-09-6098	Records:	SPRIN	G GR	OVE STA	E HO	SPIT	AL		
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne far (o), (b), and (c).]							VAL BET		
	PART 1. DEA	TH WAS CAUSED BY:	1)	Coronary thro	mbosis					ONSE	LAND	DEATH	
	CASIA	DUE TO							150				
	Canditions, if a	ny, which) (b	.1	Cardiac disea	se					116			
	gave rise to in	nmediate (
	lying cause lost.	ne under-											
Z	PART II. OTH			ONTRIBUTING TO DEATH BL	T NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	. WAS A	AUTOPSY	
ATI												RMED?	
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURE	ED. (Enter noture	af injury in I	Port I ar Par	rt II af item 18.)					
CER	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
CAL	20c. TIME OF INJUR	Y Manth, Day, Ye	ar 20d. II		LACE OF INJURY			y ar tawn)	(Co	unty)	7	(State)	
MEDICAL	Haur a.m.	19	While at war	INUI WIIII	actary, street, offic	ce bldg., etc.	.)						
<		s seedsta baarisa			Now	8 10	63. 4-	Dec.	10.6	ı dha	+ /1\ /.		
				led the deceosed from		7 7 6							
	22a. SIGNATURE	ea office on	€C1	1961., and that	dearn accurre	a ar ====	_M, from	the couses ar	d on the	dote		DATE	
		Sula	war	lister	M.D. ATTENDIN	X DI	ED. RECTOR	STAFF PHYS.	12	2/1	/61	SIGNED	
	22c. PHYSICIAN'S NAME (Type)	0. 13			22d. ADDI	17	PRING	0.400.25	STAIE		SPI	AL	
		Stella W		ler		Ca	ton s	ville 28.	Maryla	ana			
230	BURIAL, CREMATIO	N. 23b. DATE THEREC	OF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCA	TION (City, town,	or caunty)		(State	e)	
_	Burial		51	Arlington	Cemeter			ington,		gin	ia		
	FUNERAL DIRECTOR			ADDRESS			D BY REGIS	nd l	STRAR'S SIGN				
	Robert A	. Pumphre	y, E	Bethesda, Ma	ryland	DATE	EG 6	61 0	Than &	Hase	A		

TOF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13527 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission PLACE OF DEATH e. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Fort Howard Baltimore davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO __ Veterans Administration Hospital DECEASED (Typa or print) DEATH COLLINS December 2 IF UNDER 24 FIRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months WIDOWED T DIVORCED Male Negro

IDa. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) dona during most of working life, even if ratirad) Charleston. West Virginia U.S.A. Construction Laborer 14. MOTHER'S MAIDEN NAME Liza Doyle James Collins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records, VAH, Baltimore, Md. (Yes, no, or unkown) | (If yas giva war or dates of sarvice) 218-10-4639 Fort Howard Division 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: APLASTIC ANEMIA UNKNOWN IMMEDIATE CAUSE (a) DUE TO MULTIPLE CYSTS OF THE KIDNEYS UNKNOWN gave risa to immadiate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO 1 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. at work et work 21. I certify that (1x (this hospital) attended the deceased from November 17., 1961, to December 2, 1961, that 11) (we) last 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S KOUKOULAS. M.D. VAH BALTIMORE, MD. - FT HOWARD DIV. 23d. LOCATION (City, town or county) (Steta) 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore National Baltimore 28, Maryland
25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE Burial ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Civiling S. Kraus DATE EC 6 Elroy O. Wilson Funeral Home, 2004 Orleans St.

Balto. Md.

funeral

in by the f

filled in Pages

carbon

and

may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or rem

Page 4

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VR A15 (4)

15M 9/60

hours after

MANAGE LA SE TRUE AND STREET, AND STREET, LA LINE AND STREET, AND TSESS Transition of the P. W. Cherts . 138 P. Land . Continue to the continue to will ground the state of leavest in Street Santage willow C. Wilson Functed Home, 2 . A. Driegna Mr. Bush Co. P. Land Co.

왕 A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 12500

13506

1. PLACE OF DEAT	H 10048		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)				
Baltir	70.270	MARYLAND	a. STATE b. COUNTY				
b. CITY OR TOWN	(if outside corporete limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest fown)				
	d give neerest town)	_	V _				
Tows		5 years	Towson d. STREET ADDRESS			. IS RESIDENCE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET ADDRESS			ON A FARM?	
7922 Rd	oldrew Ave.	Service of the service of	7922 Rols	anew Awen		YES NO	
3. NAME OF DECEASED	First	Middle	Last 4. D	ATE W AV	Dey	Year	
(Type or print)	Charles	Raymond C	onnelly Sr. D	EATH 12-9	-61	19 67	
5. SEX	6. COLOR OR RACE 7. M.		. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.	
Male	7.72 0 1		April 4,1893	last birthdey) =	Months Days	Hours Min.	
10a. USUAL OCCUPA	TION (Give kind of work 1	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & St	ete, or foreign country)	12. CITIZEN OF	F WHAT COUNTRY?	
Accour	orking life, even if retired)	Accounting	Baltimore.	Maryland	77 0		
13. FATHER'S NAME	realle (Net)	Accounting	Baltimore, Maryland U.S.A.				
	Tahu Cama 77						
	John Connell	U .	Sara H Kelly				
(Yas, no, or unkown)	VER IN U.S. ARMED FORCES? (If yes give wer or detes of service)		NFORMANT	Address			
No		212-20-8250	Mr. Charles	R. Connel	lv 613	Glenwood	
18. CAUSE OF	DEATH [Enter only one ceuse	per line for (e), (b), and (c).]		,	INTI	ERVAL BETWEEN	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Recurrent	Corenary	oselucia		31/2 22	
420	DUE TO						
7 ~ 0	A	ter bendenning.	-preferio selero	Sie Pardia	-		
Conditions, if an		Jer whom	appear received	7-2,00-1-2			
(a), steting the	> DITE TO	Vasquelas dia	INDR _			1341	
ceusa lest.) (c)	raceute con					
PART II. OTHI	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	N IN PART 1(a) 15	9. WAS AUTOPSY PERFORMED?	
PART II. OTHI					Y	IES NO	
20a. ACCIDENT V	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I o	or Pert II of item 18.)			
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)						
3 20c. TIME OF INJ	URY Month, Day, Yeer			f. (City or town)	(County)	(Stete)	
20c. TIME OF INJ		While Not While fact	ory, street, office bldg., atc.)				
-	17	0 0	allah 11 mil	19. Dec	9 10/1	. (1) () 1	
		attended the deceased from				hat (I) (we) last	
	sed alive on	tec 8 19.61, and that	death occured at	, from the causes a	and on the da		
228. SIGNATURE		1 1	ATTENDING MED.	STAFF		22b, DATE SIGNED	
The	derick to	ollicer "	.D. PHYS. DIRECTO			12/11/61	
22c. PHYSICIAN	A CONTRACTOR OF THE PARTY OF TH	./	22d. ADDRESS	10.12	01	20 1	
NAME (Typ	"FREDERICK	. V. VOLLMER	6100 702	KILL Ja	40-12	neel.	
23a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, tow	n or county)	(State)	
REMOVAL (Specific			~ . P	arkville	D-21	01 2/3	
Burial 24 FUNERAL DIRECTO	12-12-6	L Parkwood		REGISTRAR 25b. REG	ISTRAR'S SIGNAT	Ct. Md.	
Henry W.		Sons Co					
1,905		altimore 12, M	d. DATE DEC	13 '61	1 8. Th	with the same of t	
4/0/							

MONEY DE THE REPORT OF STREET TODE OF THE PARTY OF de se de la composición del composición de la co The second of the second Bradward, acoust Jaken Telemono. (della distanta onta Tile Hand Bootstan T.D. w sendo i seltent man Desi-osasis The state of the s Al in the second of the second

FOR STATE

HEALTH DEPT. TC PULTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. I delay is necessary, plate execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be cetained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 /with the state Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours shar death.

2/9

VS. AISME 5M 9/60

1tem 2 18 Film 307

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12507

1259 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	20060					0001	
1. PLACE OF DEAT	гн		2. USUAL RESIDE	NCE (Where deceased	lived, If institution: Resid	dence bafora admission	
e. COUNTY Baltimore MARYLAND			STATE b. COUNTY				
	(if outside corporata limits,	c. LENGTH OF STAY IN 1b	Maryland Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)				
write RURAL ar	nd give nageast town)	c. LENGIH OF STAT IN IB	c. CITY OK TOWN	(If outside corporata lii	mits, write KUKAL and gi	ve naerest town)	
Baltimo	re (6)		Roltimone	(6)		1	
d. NAME OF HOSE	PITAL OR INSTITUTION (if not in	hospitel, give streat address)	Baltimore STREET ADDRESS	5(0)		e. IS RESIDENC	
8200 Pu	laski Highway -	Trailer Camp	8200 Pulas	ki Highway	- Trailer	YES NO	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month D	еу Үеег	
(Type or print)	MARY	LEE	Cosner	OF DEATH	12 10	0 1961	
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH		(In years IF UNDER 1 YEA		
Female	White WIDO		aug 12	1894 67 b	Months Dey	Hours Min.	
10a. USUAL OCCUPA	TION (Give kind of work 1Db	. KIND OF BUSINESS OR INDUSTR	Y I 11. BUSTHPLACE State	le or foreign country)	7	OFTWHAT COUNTRY	
done during most of w	vorking life, aven if retirad)	Housewife	1/2		7/	Va	
	CALLE	Housewile		arolina	1.7	J.U.	
13. FATHER'S NAME	1) 1	//	14. MOTHER'S MAIDS	NAME 11	2	P. A.	
Unkno	un Que	K	Jarah	. (Unk	nown /		
	VER IN U.S. ARMED FORCES? 1	16. SOCIAL SECURITY NO. 17.	INFORMANT /	4	Address		
(Tas, no or unkown)	(If yes give war or dates of servica)	none W	1. Stor. W	112			
I 18. CAUSE OF	DEATH [Enter only one cause pe	er line for (e), (b), and (c))	ico we mi			INTERVAL BETWEEN	
	TH WAS CAUSED BY					ONSET AND DEATH	
110	IMMEDIATE CAUSE (a)	Acute focal bi	lateral bro	nchopneumo	nia, compl	<u>i-</u>	
120,6	DOE TO:						
Conditions, if an	ny, which) (b)	cating atheros	sclerotic h	eart disea	ase		
gava rise to imma-	- DIE TO						
(a), stating tha	underlying						
cause lest.) (c)	ONITRIBLITANCE TO DEATH AND AND	T DOL A TOD TO THE TODAY				
PART II. OTHI	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?	
3						YES NO	
PART II. OTHI		CRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pa	art I or Part II of itam 18	(.)		
PRIMARY OF C							
20c. TIME OF INJ	IURY Month, Day, Year 20	d. INJURY OCCURRED 200, PLA	CE OF INJURY (Homa, far	rm. ' 20f. (City or tow	n) (County)	(State)	
Hour a.m.			ory, street, office bldg., et		ii) (County)	(21919)	
p.m.	19 at v	work et work					
21. I certify	that I took charge of the re	emains described above, he	eld an Autopsy .	Inspection ,	Inquiry , ar	nd in my opinion	
death resulted	from: Natural causes	, Accident , Suic	ide , Homicide	Undeterm	nined manner		
	11		CHIEF MEDICAL	EXAMINER	لــــا		
ACTUAL	Tit IN K	too				Dame Graves	
SIGNATURE _	UNE OF	VIEW)	M.D.	DICAL EXAMINER		DATE SIGNED	
EXAMINER'S	DOWN II DESCRI	7 N	DEPUTY MEDICA	AL EXAMINER			
NAME (Type)	PETER W. RIECK			, city, town, or county)		12-11-61	
22a. BURIAL, CREMATI REMOVAL (Specif	ON, 226. DATE THEREOF	22c. MAME OF CEMETERY OF	CREMATORY	22d. LOCATION (C	lity, town, or country)	(Stote)	
Burial	Dec 12, 196	1 Stridens	of Jaill	Butto		Mid.	
23 FUNERAL DIRECTO	ORO ALC	ADDRESS		C'D BY REGISTRAR 2	46. REGISTRAR'S SIGNA	ATURE	
(200-11)	Frence all Stome	9401 Belain	Red DATEDE	FC 1 4 '61	Claren & the	MA	
TO TAKENS	JUNCOUNT ITON	- / Com	I DATE	AW .	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

THE STATE OF THE S MARKET LEWIS DE STATE SURE and real and a same to the time to the

FOR STATE

HEALTH DEPT. ple execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ton, Juneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

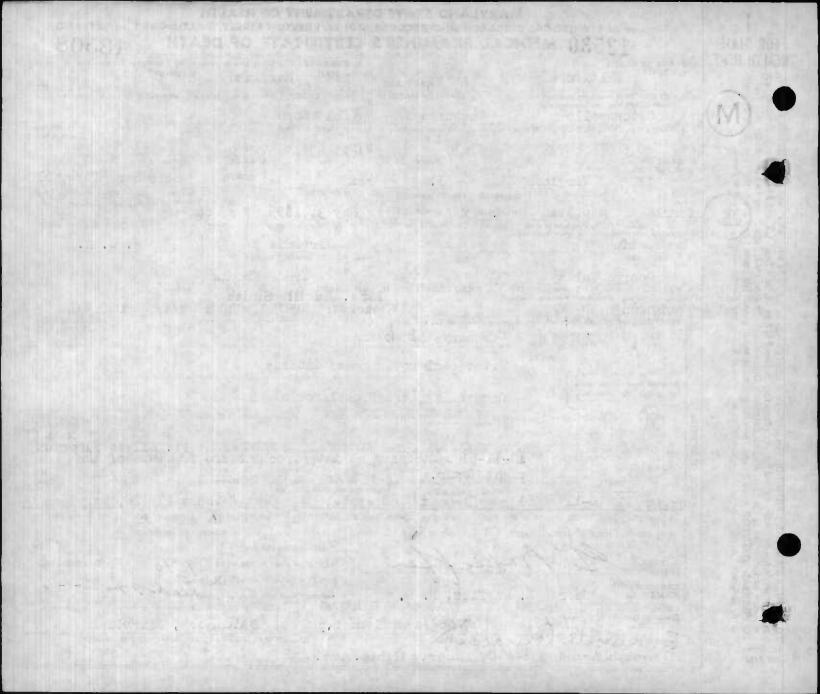
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Board or Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13530 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10000	13308
1. PLACE OF DEATH e. COUNTY TO THE PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence before admission)
Baltimore Maryland	a. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town)
Catonsville 4mth16dys	Baltimore 2001 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	2705 Oswego Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Virginia I.	Ox DEATH December 1 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
female white widowed to divorced	May 3, 1895 lest birthday) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
housewife	Virginia U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Falls	Irene Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) ((Ifyesgive warordetes of service)	NFORMANT Address Address Address
unknown	cords: SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Coronary thromos.	1S CHOSET AND DEATH
TO A COUE TO	, , , , , , , , , , , , , , , , , , , ,
Conditions, if any, which (b) Arteriosclerotic	heart disease
geve rise to immediate cause (a), stelling the underlying DUE TO	
causa last. (c) Generalized arter	iosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
LY CONTRACTOR OF THE CONTRACTO	PERFORMED? YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NO 201. DESCRIBE HOW INJURY OCCURED. (E PRIMARY OF CONTRIBUTING DEATH SUBSTRAINING DEATH BUT NO 202. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH BUT NO 203. DESCRIBE HOW INJURY OCCURED. (E PRIMARY DEATH).	inter nature of injury in Part I or Part II of item 18 1Pt - 1811 to 1100 c on
and only the state of	an intertrochanteric fracture of the
3 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Homa, ferm, 2Df. (City or town) (County) (Steta)
181 181 181 181 181 181 181 181 181 181	ory, street, office bldg., etc.) Spital Catonsville 28, Maryland
21. I certify that I took charge of the remains described above, hel	
death resulted from: Natural causes , Accident , Suici	
11 1 1 1	CHIEF MEDICAL EXAMINER
ACTUAL MILE STORY	ASSISTANT MEDICAL EVANINED TO ACLA
SIGNATURE	M.D. DEPLITY MEDICAL EXAMINED TO
EXAMINER'S NAME (Type) George M. Kieffer, M. D.	Address (Street, city, town, or county Leeds on 12-1-61
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
Burial 12/4/61 Woodlawn Ce	emetery Baltimore, Maryland
23. ENERADRECTORCITA Comaco sofress	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ellsworth Armacost-4600 Liberty Hght	s. Ave. DEC 4 61



rs after fely filled in by the funeral ars. Pages 1 and 2 should DESPITAL CONTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 page 4 may be retained by the hospital or attending physician. OF CNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. 다 전 다 등 원 VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13531
CERTIFICATE OF DEATH

13509

_		TOOOT							
	LACE OF DEATH					NCE (Where deceese			
	Bal	timore		MARYLAND	e. STATE MO	d.	P. COUNTA B	altin	nore
k		outside corporete limits, give neerest town)	c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete I	imits, write RURAL	end give ne	perest town)
0		at or institution (if no fundry Lane		e street eddress)	5169 Gui	ndry Lane			ON A FARM
1	NAME OF DECEASED Type or print)	First John	_		Crook	4. DATE OF DEATH	Month Dec.	Dey 2,	Yoor 19 61
	ale	white w	MARRIED K NE		oct. 29.		(In yeers IF UND birthdey) Months	ER 1 YEAR	Hours Min.
don	machini most of wor	ON (Give kind of work king life, even if retired)	100000000000000000000000000000000000000	rt Dist.	Marylan	ounty & State, or foreig	n country) 12.		WHAT COUNTR
3.	FATHER'S NAME				14. MOTHER'S MAIDE				
	George		Crook	•		B. Berre	tt		
(Yes	yes DECEASED EVE	R IN U.S. ARMED FORCES	. 1	01-8876 1	NFORMANT Mary Elean	ner Crook	Address 5169	Gundr	y La.#
	PART I. DEATH 420,1 Conditions, if eny geve rise to immedia (e), steting the uncourse lest.	ote ceuse DUE TO (c)	feuti	Myo	condi	el Strep	nctes		ET AND DEATH
CEKIIFICATION		SIGNIFICANT CONDITIO							PERFORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HO	W INJURY OCCURED	. (Enter neture of injury	In Pert I or Pert II of ite	m 1B.)		
MEDICAL	20c. TIME OF INJUI Hour e.m. p.m.	19	et work et	While fect	ce of INJURY (Home, fory, street, office bldg., o	efc.)	ecember 2	County)	(Stete)
	saw the decease	nat (I) (this hosetial) and alive on	Blended 2 he	deceased from	death occured at	, 19.6/, to			
	220. SIGNATURE	~ 6/	FEAR	- M	ATTENDING PHYS.		AFF YS.		22b. DATE SIGNI
	NAME (Type)	John He	ealey,	M. D.		Franci	s Ave.	Di dan dan dah dan men men ali ang per	
	BURIAL, CREMATION BUPIAL	23b. DATE THEREO		lame of CEMETERY	or crematory National ((City, town or co	unty)	(Stete)
24 T C	FUNERAL DIRECTOR	's signature Hubbard 4]	1	ADDRESS	25e. I	DEC 5 '61	256. REGISTRAR	S SIGNATU	

a w. Po Brillingne Roles o ing elem nsquinis (cirpulite, ispuland John Headen, a. D. and a second contract of the second contract, it.

BIOM LISE ws Fall John W. Chook . 544 oc. 2, 111 40 1.4. .8 .0 Cearge C. Unaver Crask Wellte B. Barrett res Will (15-01-270 Mer, leaner (200%, 10) Condry In.

San Carlotte Con and the sand the sand

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Howard J. Injourn 410; Wilkens ave. 25 and the B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13532 CERTIFICATE OF DEATH

Reg. Dist. N. 3510

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (o. STATE Mar	Where deceased yland	b. COUNTY	Balti	before admission) MO PO
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Dundalk	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rate limits, write R	URAL ond giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Res., 8029 Del Haven R		d. STREET ADDRESS 8029 D		en Road	ì	e. IS RESIDENCE ON A FARM? YES NO THE
3. NAME OF First DECEASED (Type or print) Gentin	Middle 1de	Cross	4. DATE OF DEATH	Mon De c		Day Year 19 61
5. SEX 6. COLOR OR RACE 7. MARRI White Widowe	- Transmitted	8. DATE OF BIRTH Oct. 20,	1882	9. AGE (In years last birthday) 79 yrs.	IF UNDER 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired) ACLIFOR NUTSE		Connect		ountry)		EN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDER	NAME			
. Daniel Jones		Mary	E. Do	1. W		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Adde	ess	
(If yes, a ve war or dates of service)		s. Mary Ma	rgaret	Rodea	rme l	8029 Del H
PART I. DEATH Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		DISEAS-				ONSEL AND DEATH
42211 DUE TO						
Canditians, if any, which) (b)						
gave rise to immediate Cause (a), stating the under-						
lying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED, TO THE TEL	RMINAL DISEASI	E CONDITION GIV	EN IN PART	I(a) 19. WAS AUTOPSY
3 Uniloty	,					PERFORMED? YES NO IN-
OR CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW WIJURY OCCURREN	D. (Enter noture of injury	in Port I or Port	II of item 18.)		
A Hour a.m. While	UURY OCCURRED 20e PL	ACE OF INJURY (Home, fortary, street, affice bldg.,	orm, 20f. (City etc.)	or town)	(Co	unty) (State)
21. I certify that I attended the decease	ed from Alle	1961, to	Nec.	22 196	that I la	st saw the deceased
alive on Nec 18 196	and that death	occurred at 3 15	P. M. from	. ()		date stated above.
mass	,	10		reet, city or tawn,		DATE SIGNED
SIGNATURE / / / / W	Wisi	M.D. 6000 /	TOKEN	16th //1	TIL	-
PHYSICIAN'S Melvin B. Dav		Du	dur	シンノ	rul	12/1/61
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town, o	or county)	(State)
Burya (Specify) 12-23-1961	Mt. Carmel		O'Do	nnell S	it.	Md:
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGIST		TRAR'S SIGN	
JOHN J. DUDA 7922 Wise	.Ave. 22, M	d . DATE	DEC Z 6		warmed By.	, , , , , , , , , , , , , , , , , , , ,

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	2701246	WWH 910a 1157 F		
	and estimate			e *
			THE STATE OF	
	ur. (casculati			
			Company Name	
A Sent Is we select that	Series will be the			
	THE RESERVE OF THE PARTY OF THE		8. S. C. C.	
	St. o. St. St.		S. a siviato	
		1 00 .001 6	201-12-12	

TO HOSPITAL OCTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death of Page 4 may be retained by the hospital or attending physician. TO CNERAL DIRECTOR: After this certificate has been signed by the attending physician and composed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 90

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13533 CERTIFICATE OF DEATH

13511

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission)
e. COUNTY	e. STATE b. COUNTY
Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerast town)	c. CITT OK TOWN (II duistus corporate limits, while KOKAC and give needes lowing
Baltimore	Baltimore 3 VOI-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
Shady Nook Nursing Home 1001 W Delling	
Shady Nook Nursing Home-1001 N. Rolling	Lasi 4. DATE Month Dey Yeer
(Type or print) Myrtle R	Curtis December 22, 1961 19
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	lay 2, 1887 lest birthdey Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if retired)	D-3-timene Mennsland II C A
Retired (Librarian)	Baltimore, Maryland U.S.A.
IS. PATREK S NAME	14. MOTHER'S MAIDEN NAME
William Robertson	Clara Tabb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	NFORMANT Address
	s. Gertrude B. Wood-401 Woodlawn Road
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
MMEDIATE CAUSE (0) Car Cenoma	f taucres 3 ivects
DUE TO Q	
Conditions, if any, which \ (b) Pronello - pree	increa 40kg
geve rise to immediate cause	
(a), stating the underlying causa lest.	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
Q Q Q Q	PERFORMED?
3 Unevalue anteno	Deferon YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
Hour a.m.	ory, street, offica bldg., etc.)
	T 20 100 1 2 7 - 11
	Tane, 1935, to Deel 22, 1961, that (1) (we) las
saw the deceased alive on	death occured at
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
With ortogen Fert - M	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typo) Wether bee Fort	1118 St. Paul H-
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 12-23-61 Loudon Park (Cemetery Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1 alm & Carpen or law B. At	21. DATAGE 2 6'61 Clathur S. Kraus
MINIS JUNEVINONS TULED. 11, 1.	LA DATBEC 2 6 '61 Circlus S. Thanks

AND THE REPORT OF THE PARTY OF the mark on the case of the case of the the result is a feature of the second of the

a attending physician and come rely filled in by the funeral Then please remove carbon papers. Pages 1 and 2 should oval, and in any event, within 72 hours after death. O JNERAL DIRECTOR: After this certificate has been signed by the attending physician.

director, page 3 should be detached for use as the burial-transit permit. Then please remove marken be filed with the State Dept. of Health with the State Dept. of Health with the state Dept. TTENDING PHYSICIAN: The law requires that the death certificate be ex

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MARYLAND STATE DEPARTMENT OF HEALTH

13534	CERTIFICATE	OF DEATH	SIREEI, BALIIMOR	1	3512
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	e. STATE Md	CE (Whara dacaasad livad, If in b. COUNT	Baltin	more
b. CITY OR TOWN (if outside corporete limits, writa RURAL and giva naarest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida corporata limits, write	RURAL and give r	aarast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos 7525 Bellona Ave.		d. STREET ADDRESS	Bellona Ave	•	e. IS RESIDEN ON A FAR
3. NAME OF First DECEASED	Middla	last	4. DATE Month OF DEATH DEC.	Day 8	Yeer 19 61
5. SEX F 6. COLOR OR RACE V WIDOWE	D NEVER MARRIED 8.	DATE OF BIRTH -11-1879	9. AGE (In years last birthday) 82 yrs.	Months Days	IF UNDER 24 HI
dona during most of working life, even if retired) None	IND OF BUSINESS OR INDUSTRY	New Jerse	ty & State, or foreign country) ⊇Y	12. CITIZEN O	F WHAT COUNT
13. FATHER'S NAME Archie Martin		Mary Le			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive war or dates of service)	SOCIAL SECURITY NO. 17. IF	VFORMANT	Addrass		
18. CAUSE OF DEATH (Enter only ona causa par l PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PI	lina for (e), (b), and (c).] neumonia, lobar			ON	ERVAL BETWEEN SET AND DEATH 3 days
Conditions, if any, which gave rise to immediate ceuse	imerous vasculai	r cerebral a	ccidents		2-3 year
(e), stating the underlying DUE TO Couse last.	eneralized sever				years
PART II. OTHER SIGNIFICANT CONDITIONS CON Auricular 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING EXAMINER	fibrillation	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE		PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter natura of injury in	Part I or Part II of item 18.)		
ZOc. TIME OF INJURY Month, Day, Yaar 20d. While Hour a.m. p.m. 19	aNot Whila facto	CE OF INJURY (Homa, farm rry, street, offica bldg., atc		(County)	(State)
21. I certify that (I) (this hospital) attentions the deceased alive on Dec. 8					
22a. SIGNATURE	и м.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	Dec	22b. DA SIG 9,196
22c. PHYSICIAN'S NAME (Typa) B. H. Rutledge,	M.D.	22d. ADDRESS	Eager St. Balt	imore 2.	_Md •

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)

St.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county) Garrison Forest

(Stete) Md.

12-11-61 Burial

Thomas' 24 FUNERAL DIRECTOR'S SIGNATURE
H. W. Jenkins & Sons Co. 4905 York Rd. Balto Date

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC 1 3 '61

Other S. Kraus

H O HO VR A15 (4) 15M 9/60

OSPITAL

The last transfer of the state adjusting towners accommodification The fair water were a deal with the contract of the contract o The state of the contract of the state of th MARKET REPORT OF THE PROPERTY OF THE PARTY O The state which To its constitution, on the constitution of th THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND 13535 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Whara daceased lived, If institution; Residance bafora admission) a. COUNTY b. COUNTY MARYLAND 25 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 in by write RURAL and giva nearast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled NAME OF DATE DECEASED OF DEATH (Type or print) LFONZO 8. DATE OF BIRTH 5. SEX carbon NEVER MARRIED and WIDOWED physician 10a. USUAL OCCUPATION (Giva kind of work OVe 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if ratired) merchan 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME please attending 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yas, no, or unkown) | (If yes giva war or datas of servica no 18. CAUSE OF DEATH [Entar only one causa per lina for (a), (b) physician. signed by I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO been Conditions, if any, which (b) gava risa to immadiata causa DUE TO (a), stating the undarlying has causa last, the Se

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO 196 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) BIRTHPLACE (County & State, or toraign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BEIWEE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO To 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straet, office bldg., atc.) Whila Not While Hour a.m. at work at work 19 p.m attended the deceased from. (this hose ..., and that death occured at 1.3.1M, from the causes and on the date stated above. saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. V PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) BURIAL CREMATION 1 236. DATE THEREOF REMOVAL (Spacify) URI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESSwithing & thouse

certificate use Pop the tached DIRECTOR: Page 4 director, F 0 VR A15 (4) 15M 9/60

the top the secondary Vincent Margings LORRENGE " ID ELECTIVE BUILD

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13536 pluods 2 USUAL RESIDENCE (Where deceased lived, If institution, Reside 1. PLACE OF DEATH e. COUNTY b. COUNTY Baltimore Marvland Baltimore MARYLAND pue deat b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) by write RURAL and give neerest town) Towson after 5 Towson Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 604 Allegheny Avenye YES NO 604 Allegheny Avenue papers. NAME OF DATE Year Middle DECEASED CARRIE OLD DANCE December 31. 61 DEATH (Type or print) 19 comp 9. AGE (In years | IF UNDER 1 YEAR carbon with 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) | Months | and Hours April 10, 1881 Female White WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? remove 10b, KIND OF RUSINESS OR INDUSTRY | 11 RIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) IISA Housewife Own Home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Sarah Vermillion Robert E. Old 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) G. Willard Dance. Towson. Md. None None the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), physician. ONSET AND DEATH þ DENOCARCINOMA OF CERILIX PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if any which peen geve rise to immediate cause DUE TO (e), steting the underlying has ceuse lest. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 38 0 CENCRALIZED ALTERIUSCUEROSIS, NO / 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) (State) 20c. TIME OF INJURY 20f. (City or town) (County) Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc. Not While While Hour e.m. et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 219.61, and that death occured a M. from the causes and on the date stated above saw the deceased alive on 12/30 plnods 22b, DATE SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. Page 4 page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. Pennsylvania Avenue, Towson 4, C. Siwinski, M.D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Greenwood, Balto.Co., Md. Waugh Chapel Cemetery TO Buria] 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JAN 3 '62 archer & Traus John Burns' Sons, Towson, Maryland 15M 9/60

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Norse C. Millerd Donce, Powers, ME.

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Enrich Com. 2, 1962 haugh Charvel for Long Greenwood, se to. Co., LL.

John Burne! Sons, Townen, Maryland

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please exershould be EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessaring the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furnal director. Pages Medical Examiner's Office along with farm PM3. Page 5 may be retained for you like. cote the certifical

VS. A15 5M 9/

3 1	2	9		MA				EPARTMI						18			
ian				13537	WE	DICA	L EXA	MINER'S	CERTI	IFICAT	TE OF	DEA	TH	Reg. I	Dist. No.	351	15
to ma	1	1, PL	ACE OF DEATH		-		tem	1 1 1 1 1 1	2. USUAL R	ESIDENCE (V	Vhere deced	sed lived.	If Institut	ion: Resid	dence befo	ore admi	ssion)
5	1		Bal	timore				MARYLAND	o. STATE	Md		ь.	COUNTY	30	altim	ore	
Burio!	1)	b. (CITY OR TOWN	(If outside corporate li	mits, write 1	RURAL	c. LENGTH	OF STAY IN 16	c. CITY O	OR TOWN (II	outside co	rporote limi	ts, write	RURAL or	nd give ne	arest to	vn)
5	V			asville.					X	Catons	ville						
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8 (]		15. W	/AS DECEASED E	VER IN U. S. ARA	ED FORC	ES? 16.	SOCIAL SECUI	RITY NO. 17. 1	FORMANT	.17		12	Add/ess				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12520 ADEAC

	10010
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
Baltimore MARYLAND	o. STATE Md. XXXXXXX none
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Baltimore	Baltimore 3V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1110 Elm Road	435 S. Bentalou St.
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
(Type or print) Joseph H. Davidson	DEATH Dec. 15. 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey Months Deys Hours Min.
	g. 25, 1878 83 yrs.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Grave Digger Retired	Baltimore, Md. XXX U. S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown Davidson	Unknown
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyesgivewarordetesofservice)	
	eank J. Davidson 1110 Elm Rd. #27
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Purchio - Viscolar diserce ONSET AND DEATH
IMMEDIATE CAUSE (6) HYGUNESINE	willio-Varenar distine
DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause (e), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH	
	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete)
	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1960, to tel 15, 1961, that (1) (x) las
saw the deceased alive on Dec. 15 19.61, and that	death occured at. 9.24M, from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Lory Soberto M	.D. PHYS. DIRECTOR PHYS. 12/15-/6/
22c. PHYSICIAN'S	22d. ADDRESS
JAME (Type) Joseph Liberto, M.D.	3508 Bank St.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	rk Cemetery Baltimore, Md.
Burial 12/18/61 Loudon Pa 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens Av	enue DATE DEC 19'61 Ciriling S. Thomas

funeral and dead filled in by Pages 1 72 hours after papers. Comp carbon director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with HOSPITAL CALTENDING FIRESTATES A modern to the hospital or attending physician.

Fage 4 modern retained by the hospital or attending physician and MERAL DIRECTOR. After this certificate has been signed by the attending physician and MERAL DIRECTOR. After this certificate has been signed by the attending physician and rector, page 3 should be detached for use as the burial, cremation, or removal, and in any event, wi 10 10 VR A15 (4) 15M 9/60

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OF

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12520 CERTIFICATE OF DEATH 13539

12517

e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission e. STATE b. COUNTY
Baltimore MARYLAND	Maryland
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Owings Mills 3 mos.	Baltimore 3 V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	731 West Favette Street YES NO F
Rosewood State Training School	734 West Fayette Street YES No to
DECEASED	OF
(Type or print) Andrew James	Davis DEATH 12 14 19 61
	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS
Male Negro widowed Divorced	5/5/46 lest birthdey) Months Deys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
	Baltimore, Maryland U.S.A.
Dependent none	Baltimore, Maryland U.S.A.
House Trous Dorrig	Gertrude Davis
Henry Ivory Davis 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
(es, no, or unkown) (If yes give war or detes of service)	
no	Rosewood Records, Owings Mills, Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BELATERAL CYTE	oncho-pneumonia ONSETAND DEATH
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PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 21. I certify that (H) (this hospital) attended the deceased from saw the deceased alive on	ONSETAND DEATH Than 5 Corelal abcess. Than 5 Corelal abcess. Than 5 Corelal abcess. The core balls. OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY REFFORMED? REFORMED? YES NO (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (County) (Stete) ACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Cou
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gever ise to immediate ceuse (e), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 21. 1 certify that (f) (this hospital) attended the deceased from saw the deceased alive on	Corolrol abcoss. Corolrol abcoss. TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY REPFORMED? W. C. Ch. J. Lagin Burth YES NO ACE OF INJURY (Home, ferm, tory, street, office bldg., etc.) ACE OF INJURY (Home, fe

on . The same of t Consider Language With the Language Consideration of the Consideration o Museus places with Einers Jeapen Thinks In Samuel To A to the A SALES OF THE SAL

DESPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be exertive. Within 2 the law requires that the death certificate be exertive. Within 2 the following physician. ON UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.

OF OF B VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

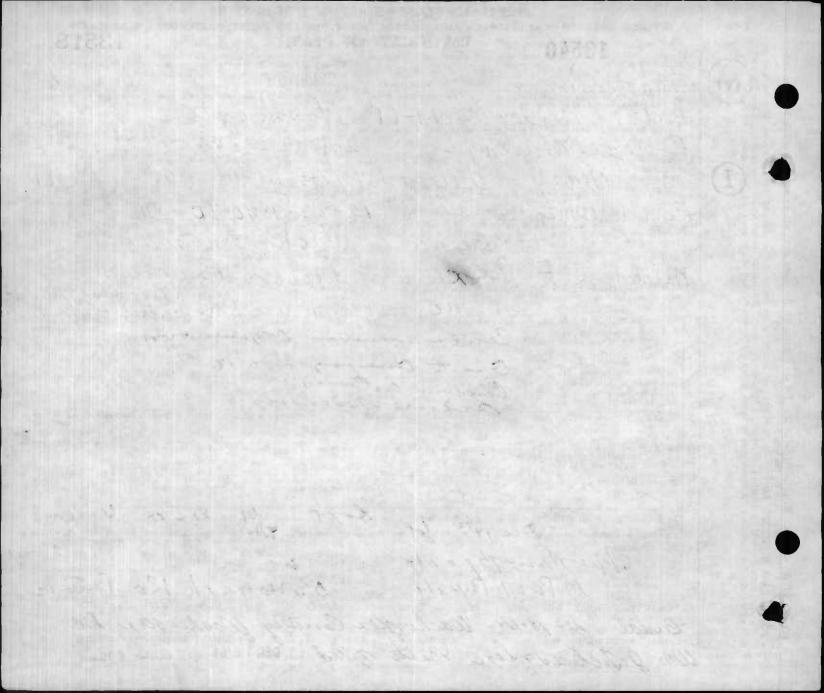
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

125/10

CERTIFICATE OF DEATH

13518

1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence	e before admission)
-	Battana A & MARYLAND	e. STATE, b. COUNTY	/
8	b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give n	earest town)
	write BURAL end give nearest town).		
d	witherville 4 Dept 1-61	washington D.	0
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
(College Manas	aph 328-3500 - 47x.3	YES NO
	NAME OF First Middle	Last 4. DATE & Comonth Day	Year
	(Typa or print) MADAI COLO (OF DEATH 19 111	
		e silly 10 17	1961
	SEX 6. COLOR OR NACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR Age (In years IF UNDER 1 YEAR Months Deys	Hours Min.
_	- PM 10 WHITE WIDOWED A DIVORCED 1	2-23-1890 7D yrs. 11	Hontz Will'
ř.	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTYPLACE (County & Steta, or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
Ì	ne during most of working life, even if retired)	Illas ligestan Da	
ļ	CATHER/S MANUS	www.you J.C.	
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ĺ	Millard to Coxen	Julia lovey.	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 AL SECURITY NO. 17, II	NEOPMANT Address OO A D	- mars
93	es, no, or unkown) (Ifyesgive war or dates of service)	B mills Ru	10 100
T	18. CAUSE OF DEATH [Entar only one eause per line for (a), (b), and (c).]	10 mules N. C. Luthern	EVAL BETWEEN
l	PART I, DEATH WAS CAUSED BY:	ONS	SET AND DEATH
I	IMMEDIATE CAUSE (a) Level Un L	med organization	
1	DUE TO		
ı	Conditions, if eny, which (b) See to Chine	and and	
i	geva rise to immediata ceuse	Tours	
ı			
ı	couse lest. (c) present of	Lilenens	
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED?
ı	IN A SHARE THE AND LOSS OF THE STATE OF THE	Y	ES NO
1		(Enter neture of injury in Part I or Part II of item 18.)	
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ı		CE OF INJURY (Homa, farm, 1 2Df. (City or town) (County)	(Stete)
1		ory, street, office bldg., etc.)	(31616)
ĺ	p.m. 19 et work et work		
I	21. I certify that (I) (this hospital) attended the deceased from	Lext , 1961, to Dec 14, 1961, th	nat (I) (we) last
ı	saw the deceased alive on Dec 1473 19 6 and that		
Ì	22e. SIGNATURE	death occured att. with the causes and off the de	22b. DATE
١	220. SIGNATURE / 1 and a contraction of the contraction	ATTENDING MED. STAFF	SIGNED
١	Company 2 114 M.		
l	22c. PHYSICIAN'S M P. 1 B. Co. L.	22d. ADDRESS	100.
l	11 / 4 4 1 12 Ye 114	20 10 70111 KO 1/4	10/2
0	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify) 12 18-101 (lanhimata	a Consterio Washendton &	10
	curious 10-10-4. Wallingto		TIPE .
4	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. BC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	UKE
1	m. O. Teckney assay Yalto. 17	Md. DATE DEC 1 8'61 without & Kine	AA .
	The state of the s		



FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL TXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessor lease expense the certification within 54 within 54 hours after death. If any delay is necessor lease expenses of the certification with form PM3. Page 5 may be coined for your nies.

10 FONERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or temoval, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

2

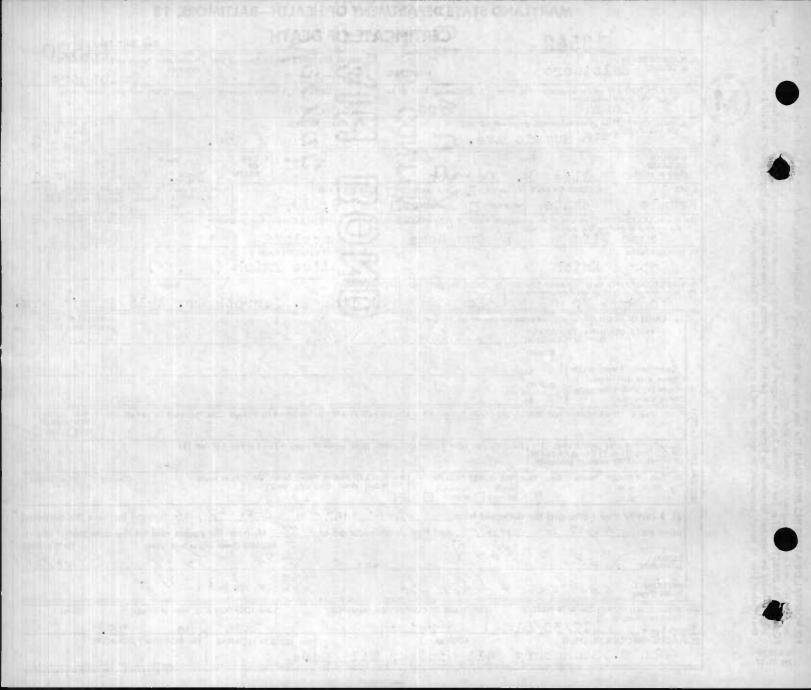
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1354 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist 1.3519

		1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND				2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore							
/	b	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore C. LENGTH OF STAY IN 1b Life				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Baltimore							
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 8671 Oak Road				d. street address 8671 Oak Road					e. IS RESIDENCE ON A FARM? YES NO		
		ECEASED	n W. D	Middle ennis		Lost	4. DATE OF DEATH	Month		Doy 18	Year 19 61		
)	5. S	male white	WIDOWEL	NEVER MARRIED DIVORCED	4-18	-1898		9. AGE (In years lost birthday) 63. yrs.			IF UNDER 24 HRS. Hours Min.		
	10a. d	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gas&Elec.									S A		
	13.	13. FATHER'S NAME August Dennis			14. MOTHE	14. MOTHER'S MAIDEN NAME Lola Emory							
	15. [Yes.	WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates Army	of service)	social security NO. 17 12-05-4233	Mrs Els	ie ^D en	nis (8671 Oak	Road	(1	4)		
		18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 420,] Conditions, if ony, which gove rise to immediate cause (a), sloting the underlying DUE T	(o) O	for (o), (b), and (c).] Myocardia Atherscleroti			lar Dis	sease			al Between AND DEATH immmed		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AI PERFOR							PERFORMED?					
								(State)					
		21. 1 certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,, and in my opinion death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined manner, ACTUAL SIGNATURE											
	220.	BURIAL CREMATION 226. DATE THER REMOVAL (Specify) Burial 12-23-1	EOF	22c. NAME OF CEMETERY O	OR CREMATORY		22d. LOCATI	C ION (City, Iown, o Timonium	r county)		(Stole) Md		
1	23. Lo	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS OF Below Ro	620	246. REC'	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN				

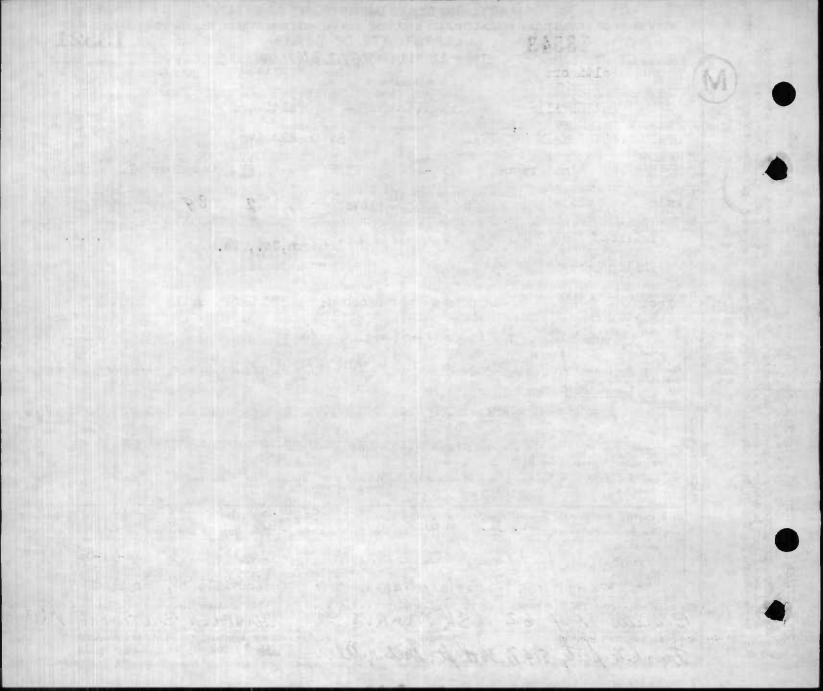
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on Million and constitution	20 com	
The state of the s	and the second	
	Manager and the second	
	A LAWY LOUD B.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON-STREET, BALTIMORE 1, MARYLAND 13543 CERTIFICATE OF DEATH pluods USUAL SESTENCE Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH a. COUNTY . STATE Maryland Baltimore b. COUNTY in by the stand 2 s MARYLAND hours after death b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast fown) write RURAL and give nearest to The 9yr3 mthlOdys Baltimore Pages filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streef address) d. STREET ADDRESS ON A FARM? 3980 Elm Ave SPRING GROVE STATE HOSPITAL YES NO 3. NAME OF 4. DATE Middle Last Month Day DECEASED December DERRY Taw rence (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH (Goy) Months Deys male white November WIDOWED E DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County late, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if refired) U.S.A. Loudoun Co. 13. FATHER'S NAME please ding Mary Attwell Philip Derry affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Records: SPRING GROVE STATE HOSPITAL unknown unknown the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH ending physician been signed by PART I. DEATH WAS CAUSED BY: alumer en la las IMMEDIATE CAUSE (a) burial-transit C.V.D orth myo cores at DUE TO Conditions, if eny, which geve rise to Immediate cause DUE TO (a), steting the underlying has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO F 20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 占 OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from September December Dec. 31. 61 plnods saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. ,74 MD. GROVE 28, 22d. ADDRESS STATE HOSPITAL 22c. PHYSICIAN'S NAME (Type) Catonsville director, be filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OF 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JAN 3 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No ALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY B o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) ATONSVILLE CATONSVILL Convent) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1. STREET ADDRESS Daughters of the Euchangesteince AIDEN CHOICE KNOLL YES TO NO 4. DATE Year M. CECILIA (Type or print) 5 / 5 TER DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AT 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR Months WIDOWED | DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? RELIG-1005 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAWRENCE 16 SOCIAL SECURITY NO (Yes, no, or unknown) Ill yes, give was or dates of service) SISTER 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? NO M 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry and in my opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL SIGNATURE NAME (Type) DEFUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 1226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) CONVENTMAUSEZEUM ENTOM BHENT 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR BM 2/57

SELECTION IN CONTRACT OF THE PROPERTY OF THE P A SHOUSE DESIGNATION TO

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13545 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. IN 3523

146		
1	1. PLACE OF DEATH 2	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	DALTIMOVE MARYLAND	O. STATE NEW HORK B. COUNTY 13 PONX
A	b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
VI.	VILLA NOVA-BULLY DOG 26-961	NEW YORK BO, N. 4
V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1	7309 Brince George Rd.	1517 TAYLOR- AUZ- ON A FARM?
	3. NAME OF DECEASED Aiddle	Last // 4. DATE Month Day Year
1	(Type or print) TO hN R. Dil	-worth DEATH 12 - 28 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. D.	ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	male white WIDOWED DIVORCED 7.	-4-1886 Toyrs. Months Days Hours Min.
90	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
847	Charffer AVIINOPILE -	horwitch town. 1.5. A.
	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
	William DILWORTH	Unne Kingland
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	ORMANT Address /
	-260- WWI. 265-50-9334 the	resa Delworth, wefs)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ters Disease - rinfernous
	47 P DUE TO	
	Conditions, if any which (b)	
	gove rise to immediate cause (a), stating the underlying DUE TO	
A .	couse last. (c)	
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter	r nature of injury in Part I or Part II at item 18.)
	PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	,
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, street, office bldg., etc.) (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE of While of work	
	21. I certify that I taak charge of the remains described above	, held an Autopsy , Inspection , Inquiry , and in my
7.2	opinion death resulted fram: Natural causes N. Accident .	
1	SIGNATURE 3 2 CAACCA	A.D. CHIEF MEDICAL EXAMINER DATE SIGNED
L	ASSISTANT MEDICAL EXAMINER 12-28-61	
	NAME (Type) D. D. CAPLES	DEPUTY MEDICAL EXAMINER
/	220 BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRI	EMATORY 22d. LOCATION (City, town, or county) (State)
(HULLE 1/2/62 WOODLAWN	233 - Bronz . N. 4.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Small H. newall Thesorbe 8	Med DATE AR 2 '62 Ording S. Trans

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary isose party is the certification of the world "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the period direct page is be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be used for your ries. The pages 1 and 2 with the State Board of Health, its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

PERSONAL AND SERVICE TO THE PERSON AND AND ASSESSMENT OF THE PERSON ASS HEARD TO BYANTING DESIGN OF BASIS AND AND SALES DEATH AND THE RESIDENCE

MARYLAND STATE DEPARTMENT OF HEALTH STATISMICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidenca before admission) b. COUNTY Baltimore a. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give neerest town) Towson .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS 1627 Jeffers Road 6457 Blenheim Road papers. NAME OF Middle Month DECEASED DEATH Dec. 28. ALTOMARE (Typa or print) SERINA DiNARDO COM and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months Female Dec. WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? гетоуе dona during most of working lifa, even if retirad) Baltimore, Maryland Housewife 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Liborio Altomare Rose Brocato plea 16. SOCIAL SECURITY NO 1 17. INFORMANT Address (Yas, no, or unkown) | (If yes giva war or datas of sarvica) Nina D. McGarry-1627 Jeffers Rd., Towson No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I. DEATH WAS CAUSED BY: Wiemia IMMEDIATE CAUSE (a) Chroner Glomerulo nephretes Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the his PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm,) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not Whila Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from free 26, 1957, to fee 25 , 196, that (I) (we) last 22a. SIGNATURE ATTENDING DIRECTOR T PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, New Cathedral Baltimore, Maryland di di

0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE Wm Cook-Towson, Inc. 1050 York Rd. Towson

ADDRESS

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(County)

a. IS RESIDENCE ON A FARM?

YES NO

Year

19 61

ONSET AND DEATH

PERFORMED? NO D

(Slate)

SIGNED

USA

IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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in by the funeral and 2 shauld be f Pages 1 attending physician and campletely fil TO HOSPITAL OR A plNG PHYSICIAN: The law requires that the death certificate be executed within may retained by haspital ar attending physician.

TO FU MAL DIRECTOR: After this certificate has been signed by the attending physician and campletely file page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		13548	177	CERTI	FICA	TE OF [DEATH	4		Reg. Di	ist. No	135	526
1.	PLACE OF DEATH a. COUNTY	altimore		MARY	LAND	2. USUAL RESI a. STATE		yl and	ed lived. If instituti b. COUNTY	an: Resider	t in	re admis	sion)
		cimore		c. LENGTH OF STAY	IN 1b	V .	timo:	•	orate limits, write R	URAL and	give nec	arest taw	n)
	d. NAME OF HOSPITA OR INSTITUTION 3618	AL (If not in hospital, of Langreh:				d. STREET A		greh	r Road			ON A	FARM?
3.	NAME OF DECEASED (Type or print)	William		Middle noun Dunn		Los	t	4. DATE OF DEATH	Decemb		Da	1	Year 19 6 1
5.	SEX			RIED NEVER MARRIE	D 8.	DATE OF BIRT	н		9. AGE (In years	IF UNDER	1 YEAR		
	Male	White	WIDOWI	ED DIVORCE		Dec. 8	, 189	2	last birthday) 68 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State	or foreign	country)	12. CIT	IZEN OI	WHAT	COUNTR
	Linotype			Sun Paper		I	enns	ylvan	iia		U.	S.A	
13	FATHER'S NAME					14. MOTHER'S							
	George	e Dunn				Isab	elle (Calho	un				
	. WAS DECEASED EVER			SOCIAL SECURITY NO.	. INI	ORMANT		-	Add	ress			
Ĺ	Yes	W.W.1		3-03-3195	Do	ra Duni	361	8 Lan	grehr Ro	1.			
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne form(a), (b), and (c).]		3 :					INT	RVAL BI	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	1	Corones	W/	1/9/10	nlo	- Alto			ONS	ET AND	DEATH
	420.	DUE TO	,	0 11	7	10-	1,	Asso		124.5		111	-
	Conditions, if an	y, which) (b	,	(Il Busines	elin	Tree /	wix	Here	N		5	1/4	210-
	gave rise to in	mediate Dus To	,			- / -						-	
	lying cause last.	ne <u>under-</u>	3										
CERTIFICATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THETERMI	NAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS PERFO YES	DRMED?
ι.	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED.	(Enter nature a	f injury in	Part I or Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yes	20d. It While at work	NJURY OCCURRED Not while k at wark		E OF INJURY (pry, street, office			ty or town)	(County)		(Stat
	21. I certify the	at I attended, the	deceas	ed from	8911	0 1959	Lto	121	16, 1961	that Lie	nst sav	v the c	lecensi
	alive an	1214	19 6	//	death o	accurred at	11.1.	M fram	the causes an				
		,	10	2 dire mar	ded	accorred di	1	ADDRESS (Street, city or tawn,	state)	e dare	DA	TE SIGNI
	ACTUAL SIGNATURE	clony ,	Mr	upmy	м	0.820	44	BEI	2TY Pd	BRUT	17,	12/	6/61
	PHYSICIAN'S NAME (Type)	-DWIN	1	-1 PIERI	011	T.Ma							
22	g. BURIAL, CREMATION		F	22c. NAME OF CEME	TERY OR	CREMATORY			ATION (City, town,		1/1	(Sta	te)
	Burial (Specify)	12/9/61	- 6	St. Luke	's C	emeter	У	Cur	nberland	, Ma	ryla	nd	
23.	FUNERAL DIRECTOR'S	SIGNATURE arm	un	ADDRESS			24a. REC'	D BY REGIS		STRAR'S SI	4 11		
E			600	Liberty He	ight	Ave.	DATE D	EC 11	'61 a	John D	. The	Meas?	

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24 hours ofter der . Page 4	in by the funeral director.	N
that the death certificate be executed within	moves retained by haspital or attending physician. TO F RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral director, page 3 shalld be detached for use as the burial-transit permit. Then places remove carbon papers. Pages 1 and 2 should be filled with	in event within 12 hours direct decim.
TENDING PHYSICIAN: The law requires	haspital or attending physician. After this certificate has been signed stacked for use as the burial-transit permitting the stacked for the control of the	מינים, כופווימים, כו ופוויסים, כוסים ווי ס
TO HOSPITAL OR AL	RAL DIRECT RAL DIRECT (*) 21V S/ (*) 20V S/	a policina de la companya de la comp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CHILITIAN CHILI	3549	CERTIFICATE O	F DEATI
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								Keg. Dis	1. 110.	
1. PLACE OF DEATH a. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (WE a. STATE	here decess	b. COUNTY	on: Resident	e before o	admission)
b. CITY OR TOWN (I	f outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corp	orate limits, write R	URAL and g	jive neares	t town)
RURAL and give ne	ville		yr2mth28d	ys	Baltimore			3 V	01-4	
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					IS RESIDENCE
SPRING G	ROVE STATE	в но	SPITAL		101 Sori	rento	Avenue			ON A FARM?
3. NAME OF	Fir	st	Middle		Last	4. DATE	Mor	ıth	Dov	Yeor
(Type or print)	Edgar		Leo		Dunnock	DEATE	December		1	1961
5. SEX	6. COLOR OR RACE	7. MARI	RIED A NEVER MARRI	ED 🗍	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR IF	UNDER 24 HRS.
male	white	WIDOW		_	June 5, 1881	4	77 yrs.	Months	Doys H	lours Min.
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State	or foreign	country)	12. CIT	IZEN OF V	WHAT COUNTRY
	ing life, even if retired adjuster	1	LAW		Marylar	nd		U.	. S.	Α.
13. FATHER'S NAME				-	14. MOTHER'S MAIDEN I	MAME				
unknown	JOHN	D	UNNOCK		Alice	?				
15. WAS DECEASED EVE			SOCIAL SECURITY NO	. 17. 10	NFORMANT		Add	ress		
Yes, no, or unknown! 16	(If yes, give war or dates of s		215-07-8374	Re	cords: SPRING	G R	OVE STATE	HOS	PITAL	
	TH [Enter only one co	use per li	ne for (a), (b), and (c).	1						AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	ha	art failure						ONSET	AND DEATH
1117	IMMEDIATE CAUSE (a	-	ar o rarrure	3					-	
15	DUE TO					2.4				
Conditions, if a		ar	teriosclero	otic	cardiovascul	ar di	sease			
gave rise to it										
lying cause last.) (c						Ch.			
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN PAR	T 1(o) 19.	WAS AUTOPSY
5 Chronic	brain synd	rome	assoc. Wit	th ce	erebra l arte	riosc	lerosis			PERFORMED?
PART II. OTH Chronic 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. P. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	D. (Enter nature of injury in	Part 1 or Pa	ort II of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								FR	
20c. TIME OF INJUR	Y Month, Day, Yes		NJURY OCCURRED		ACE OF INJURY fHome, form tary, street, office bldg., etc		ly or town)	(0	County)	(Stole)
p. m.	19	While at wor			original design of the colours, the	.,				
21. I certify th	this hospidal Kaltended The	deceas	ed fram S	ent.	3 , 1957 , ta DK	20.1	196/	that I	ast saw	the decease
alive an	10e. /	10 /			A	P M from	m the causes o			
unve un	101		, did indi	dedill			Street, city or town,		ie duie	DATE SIGNE
ACTUAL	Bun K	112.	1000 8	42		,				12-2-6
SIGNATURE	jose 1.	200	Jugues	100	M.D. SPRING	L-GRO	VESTATI		SPITA	[TZ_Z_M
PHYSICIAN'S NAME (Type)	José R. 1	ARi.	ZAGA.		Cator	svil.	e 28, Mar	ryland	l	
22a. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c, NAME OF CEM	ETERY OF	R CREMATORY	22d. LOC/	ATION (City, town,	or county)		(State)
REMOVAL (Specify)	12-5-	61	Alpin C	275	adeal	1 de	3/1.m	100	7	72
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	111	240 PEC'	D BY REGIS	TRAR 246 PEGI	STRAR'S SIC	SNATURE	
File C	m. R.	tu.	end Home	Cit.	- (dal)	O DI NEON		T The !		5
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TO HOSPITAL C ITENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

TO HOSPITAL C ITENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

S TO WERAL DIRECTOR: After this certificate has been signed by the attending physician and comparely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL R	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
13550	CERTIFICATE OF DEATH	13528
		C 1 424 42 D 1 1 1 C

e. COUNTY			- STATE	DEMCE (Myele dece	b. COUNT		uce perore a dimission)
BALTIMORE		MARYLAND	MA MA	RYLAND .	D. COOK		
	f outside corporeta limits, giva nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpora	te limits, write l	RURAL and give	neerest town)
Fort Howa		86 days	Ba	ltimore		31	101-4
		n hospital, giva street address)	d. STREET ADD	RESS	100	15	. IS RESIDENCE
Votemena	Administratio	n Hospital	305 S.	Chapel Ga	te Road	~	ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	
(Type or print)	HARRY	C.	ECK	OF DEATH	DECEM	BER 2	1961
5. SEX	0.00-00-00-1		DATE OF BIRTH			F UNDER 1 YEAR	
		PKKIED TIMEAEK WYKKIED		L		Months Days	Hours Min.
Male	1 1111111111111111111111111111111111111		July 1, 18		00 yrs.		
10e. USUAL OCCUPAT done during most of wo	rking life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR		(County & Slete, or for	aign country)		OF WHAT COUNTRY?
Cashier		RACE TRACK	Baltimo	re Co. Md.		U.S.	A.
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME			
HENRY ECI	K		MARY	I. HALL			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT CT	inical Rec	or dedrassy	A Hospi	tal
YES	fyesgivawarordatesofservice)			d. Ft. How			
The second secon	EATH (Enter only one cause	per line for (e), (b), end (c).]	Tituore • M	d. Pu. HOW	aru Dry	111	NTERVAL BETWEEN
	H WAS CAUSED BY:	MALIGNANT LYMPHO	BLASTOMA				UNKNOWN
2 6	IMMEDIATE CAUSE (e)	TERRITORIES STATES					OTATTIONATA
-	DUE TO						
Conditions, if any							
(a), stating the u	DUIL TO						
ceuse lest.	(c)						
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE T	ERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FUT MONAT	RY TUBERCULOSI	S, MODERATELY AD	VANCED INA	CTIVE	(701X	YES NO X
OR CONTRIBUTING	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	. (Entar neture of inju	ry in Pert I or Pert II of	item 18.)		
		20d. INJURY OCCURRED 20e. PLA	CE OF INITIBY (Home	e, ferm, 1 20f. (City or	town)	(County)	(Stete)
20c. TIME OF INJU			ory, street, office bldg		10411)	(County)	(3/0/0)
21. I certify t	hat XI) (this hospital) a	ttended the deceased from.	September.	7, 19.61, 10De	cember	2, 1961,	that (45) (we) las
saw the deceas	admanadro evile bes	r 21961, and that	death occured	3.:45 RM from t	he causes a	nd on the	date stated above
22e. SIGNATURE	0/1/		2				22b. DATE
	11/4/1	1 12	D. PHYS.	MED.	STAFF PHYS.	12/2	2/61 SIGNET
22c. PHYSICIAN'S	1/1/1/1	with "	22d. ADDRESS				
NAME (Type)	PAUL G. KOUKOU	JLAS, M.D.	VAH, I	BALTIMORE,	MD H	T HOWA	D DIVISION
	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town	n or county)	(State)
REMOVAL (Specify)		BALTIMORE NAT	TONAL	BAT. TITW	ORE 28	MARYLA	AND
BURTAL 24 FUNERAL DIRECTOR		ADDRESS		. REC'D BY REGISTRA			
						w S. Than	
WM Cook-Bl	ight, Inc. 600	9 Harford Rd. Bal	to III, MEA	P-84 0 01	1 0000	7 23, 7 7 7 100	

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Mil Cook-Blinkt, Mrs. 6009 Markert M. Marke M., Mil Markert M.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral Item 23b. Film G304 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institutions Rasidence before admission) Baltimore b. COUNTY by the MARYLAND b. CITY OR TOWN (if oulside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town) filled in Pages 1 hours after c 50 Days Fort Howard Goldsboro. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET AODRESS . IS RESIDENCE ON A FARM? YES NO TO Veterans Administration Hospital 3. NAME OF 4. DATE DECEASED (Typa or print) DEATH DECEMBER ROBERT EDGE 1961 and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED WIDOWED Male White physician 10e. USUAL OCCUPATION (Giva kind of work гетоме eve 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, aven if ratired) Automobile Parts Henderson. Maryland U.S.A. Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please = attending Della Pritchett Samuel Edge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL, BATTIMORE, MD. (Yas, no, or unkown) | (Ifyesgive war or dales of service) HOWARD DIV. CLINICAL RECORDS 18. CAUSE OF DEATH [Entar only ona ceuse per line for (a), (b), and (c).] INTERVAL BETWEEN After this certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY-RIGHT CEREBRAL THROMBOSIS 20 DAYS IMMEDIATE CAUSE (a) the burial-transit burial, cremation DUE TO attending ARTERIOSCLEROSIS UNKNOWN (b) gave risa to immediate ceuse DO XEXTO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? as CARCINOMA OF RECTUM WITH METASTASIS. 2. ARTERIOSCLEROTIC NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm,) (State) Month, Dey, Yaar 20f. (City or town) (County) factory, streat, offica bldg., atc.) While Not Whila Hour a.m. at work at work CIOR: 21. I certify that (I) (this hospital) attended the deceased from November 2 ..., 1961, tDECEMBER 22 1961, that (II) (we) last 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. X 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH. BALTO. MD. FT HOWARD DIVISION SAUNDERS. M. D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) E G 12/27/61 GREENSBORO, CEMETERY GREENSBORO. MD. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DEC 2 7 '61 arilar & trace 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

12550 CEPTIFICATE OF DEATH

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	TOOOR		CERTIFI	CAIL	- 10 14					000	U
1. PLACE OF DEATH			Item 13 Fil	m GB2	USUAL RESIDENCE	(Where dece			n: Residenc	e before odr	nission)
Ba	ltimore		MARYL	AND	Marylan	d	Ь. (COUNTY	altim	ore	
b. CITY OR TOWN RURAL ond give of Randalls		its, write	c. LENGTH OF STAY IN	V 16	c, CITY OR TOWN		rporote limits	s, write Rl	URAL ond gi	ive nearest to	own)
d. NAME OF HOSP OR INSTITUTION 8706 Chu:		give street	oddress)		d. STREET ADDRE		.ne			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Willi		Middle Mathaniel E	dwar	Last	4. DAT OF DEA	E	Mont	r 28.	Day	Yeor 19 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. I	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	7
Male	Colored	WIDOW	ED DIVORCED		Jan. 1, 1	884	77	yrs.	Manths	Days Hau	rs Min.
Oa. USUAL OCCUPATI during most of wo Preacher	ION (Give kind af work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR		(State or foreig Carolin			12. CITIZ	EN OF WHA	AT COUNTRY
3. FATHER'S NAME		/			14. MOTHER'S MAI	DEN NAME					
	Unknown				Annie R	andalls					
15. WAS DECEASED EV (Yes. no. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war ar dates of		SOCIAL SECURITY NO.	17. INFO	rmant B. Edwa:	rds 87	06 Chu	Addr			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1/15	ne for (o), (b), and (c).] NTRICULAR	FIBR	ILLATION					INTERVAL ONSET A	BETWEEN ND DEATH
Conditions, if	immediate	CF.	ARDIAC (M)	OCARI	DIAL) FR	AILURIZ				6 h	10.
lying couse lost		K	RTERIOSCLE	ROTI	c c-v	DISE	ASE			seun	I year
PART II. OT	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEAT γ	AUR.	OT RELATED TO THE	TERMINAL DISE	ASE CONDI	TION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of inju	ury in Port I or	Port II of ite	m 1B.)	10	3.35	
20c. TIME OF INJU Hour a.m. p. m.	RY Manth, Doy, Ye	ar 20d. II While at wor	Not while	Oe. PLACE factor	OF INJURY (Home y, street, office bldg	e, farm, 20f. (g., etc.)	City or town)		(C	ounty)	(5tate
saw the dece			ded the deceased f		July	30-PM, fro	om the co	でァ uses an	, 19 <u></u> d an the	_, that (I dote stat) (we) las
220. SIGNATURE	rold (W)	eint	lug	М.	ATTENDING PHYS.	/ MED	STAFF		Se	c. 29'	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	HAROLD H	. We	EINBERG Y	MA	22d. ADDRESS 90/3	LIBER	TY RE	7, 0	RANDA	HLSTO	un 1.
23a. BURIAL, CREMATI REMOVAL (Specify		0F	23c. NAME OF CEMEN		REMATORY		cation (cir			(1	Stote)
24, FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		250	REC'D BY REC	GISTRAR 2		STRAR'S SIG		
Willi	lam C. March	1 92	8 E. North	Ave.	DA	TE ERTY S	06		Contract C	a to the same of t	

director, filed with Page 4 TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after d months retained by maspital or attending physician.

TO FUL RAL DIRECTOR: After this certificate has been signed by the attending physician and completely fine in by the fune page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13531 FOR STATE 12/62 HEALTH DAPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY B altimore County, MARYLAND Maryland Baltimore Co. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. Board of H write RURAL and give neerest town), 2 days Consoelle Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Spring Grove State Hospital 2806 Silver Hill Road YES NO X NAME OF Middle Last 4. DATE Month Year DECEASED OF (Type or print) I EMILIAND DEATH FLET 1967 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS may 2 wit Wit tast birthdey) Months Devs Hours 5 m 5 m d 2 11-15-24 WIDOWED [DIVORCED Male White VIS. 10a. USUAL OCCUPATION (Give kind of work Give Pages 1, 2, orm PM3. Page 5 File pages I and vent within 72 h 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Painter Arkansas USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph B. Eley Constance Reeves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyes give werer detes of service) Yes 461-44-2838 Mrs. Hazel Elev 2806 Silver Hill Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along v burial-transit p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alor IMMEDIATE CAUSE (6) Fattv Liver moval DUE TO Conditions, if eny, which (b) geve rise to immediate cause 10 DUE TO (e), steting the underlying 92 the word "pendin Medical Examiner" 0 cause last. used parti PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. CERTIFICATION WAS AUTOPSY P PERFORMED? NO 4 70 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. writing to Chief A Page 3 sl 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) CAL with continue of the C factory, street, office bldg., etc.) Hour e.m. While Not While et work et work P 21. I certify that I took charge of the remains described above, held an Autopsy IX. Inspection DIRECTO Inquiry and in my opinion agent. forwarded death resulted from: Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL. should be for FUNERAL ASSISTANT MEDICAL EXAMINER execute DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) HOWARD G. SHAUB, M. D. Addi Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) ö Burial 40 12-26-61 Glen Abbey Memorial Lake Wales, Fla. 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Ullrich Funeral Home Baltimore, Md. 5M 9/60 DATEDEC 2 7 '61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13554 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH Baltimore STATE h COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give neerest town) Fort Howard Davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NOX North Calvert NAME OF DATE Year 4. DECEASED OF (Type or print) ROBERT DEATH PYNE . FI.I.TOTT 19 December 19 61 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Male White WIDOWED DIVORCED October 11,1899 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Chef Hotel Long Branch, N. Jersey U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Pyne Charlotte MN: Unknown Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give wer or dates of service) Yes Fort Howard Division INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA INKNOWN IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geva rise to immediate ceuse DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic Heart Disease. Senile Emphysema. chronic. Nephritis NO X Manifesting Uremia. prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work 21. I certify that (this hospital) attended the deceased from December to December 7, 1961, that (0) (we) last saw the deceased alive on... 22b. DATE 22e. SIGNATURE SIGNED 8/61 Page 4 ...
NERAL I DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S IRVING FREEMAN, M.D., Medical Service VAH, BAITIMORE 18, MD., FT. HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF BHOYAL (Specify) D g Baltimore National Cemetery Baltimore 28, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DEC 1 3 '61 Wm. Cook-Nlight, Inc. 6009 Harford Rd., Balto 14 DATE Md.

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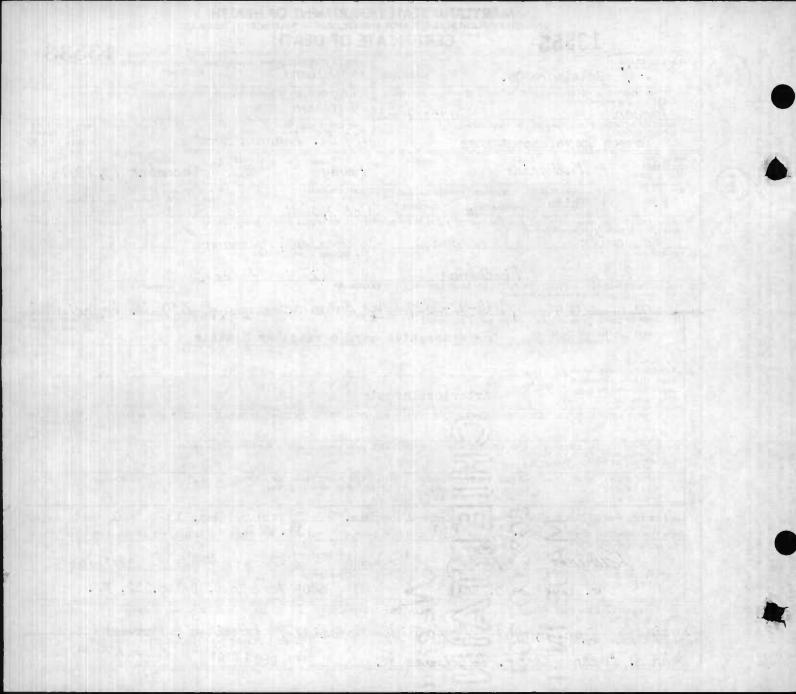
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY	Baltimore	Co.	MARY	LAND	2. USUAL RESID		ere deceased	lived. If instituti b. COUNTY	an: Residence	before admits	ision)
	b. CITY OR TOWN (If RURAL and give ne	autside corporate limi orest tawn)	ts, write	c. LENGTH OF STAY	mth.	X Tows		iutside corpord	ate limits, write R	URAL and gi	ve nearest tow	n)
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	NAME OF DECEASED (Type or print)	Katheri	ne	Middle		Emo ry	t	4. DATE OF DEATH	Decen	1	3, 7967	Yeor 19
5. 5	F.	6. COLOR OR RACE White	7. MARR	D INEVER MARRIED DIVORCE		DATE OF BIRTI	887	5	P. AGE (In years last birthday) RO yrs.		YEAR IF UND Doys Haurs	
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	s, no, or unknown)	R IN U. S. ARMED FOR If yes, give wor or doles of s NONE. TH [Enter anly ane co	ervice) 27	SOCIAL SECURITY NO 4-01-2829	Ma	ormant Anton	Schu	vanzko	Add 0 619	ress St. 1	Aanci INTERVAL B	s Rd
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WED	saw the deceas 22a, SIGNATURE 22c, PHYSICIAN'S NAME (Type)	t (I) (this hospital ed alive on Decorate Currence (Dr. Lauren	2 7	k ot wark	that de	ATTENDING D. PHYS. 22d. ADDR	G D M	OM, Froh t		nd on the	date stote	
	BURIAL, CREMATIO REMOVAL (Specify)	L 00 18	967	23c. NAME OF CEM	. 1	CREMATORY Memori	al Ph	Elkn	ON (City, tawn,	Marylo	ind (Sto	ate)
24.	John A. M	s signature		Baltimone	St.	4.0700	2Sa. REC'	EC 1 8 1	AR 2Sb. REGI	Irthun S.	MATURE	



rely filled in by the funeral ars. Pages 1 and 2 should hours after withir director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

72 hours after death.

TO HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be exercised.

Second Page To be retained by the hospital or attending physician.

TO HOSPITATE DIRECTOR: After this certificate has been signed by the attending physician and commendence, page 3 should be detached for use as the burial-transit permit. Then place to the page 3 should be detached for use as the burial-transit permit. Then place to the page 3 should be detached for use as the burial-transit permit. Then place to the page 3 should be detached for use as the burial-transit permit. Then place to the page 3 should be detached for use as the burial-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH 13534 13556

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara decaasad lived, If institutions	(esidenca before admission)
/	8. COUNTY RILL	a. STATE 6. COUNTY	3.14
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	write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naarest town)
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1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	2706 laylor Ave	1 2701 10V 102 A	VO YES NO V
-	3. NAME OF First Middla	Last 4. DATE Month	Day Year
	(Type or print)	OF DEATH DEC	12 10 0
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1	5. SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 lest birthdey) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
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-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2. 3.17
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, no, or unkown) (Ifyas give war or datas of sarvice)	NFORMANT	
	No - 218-18-1779 M	argarel Erans 27061	arlor Ave
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
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	(a), stating the underlying DUE TO		
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1	TA CONTRACTOR OF THE CONTRACTO		YES NO
Н		(Enter nature of injury in Part I or Part II of itam 18.)	
П	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
-		CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
1		ory, streat, office bldg., atc.)	(2)816)
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	21. I certify that (I) (this hospital) attended the deceased from	Javel, 1960, to lee , 19!	ch, that (I) (we) last
1	saw the deceased alive on. Alc/2 196/, and that	death occured at .L.AM, from the causes and on t	he date stated above.
	22a. SIGNATURE		22b. DATE
1	Million Stand. M.	D PHYS. DIRECTOR PHYS.	(2/12/16)
	22c. PHYSICIAN'S.	22d. ADDRESS	113/01
	NAME (Type)	DIGA HADEALA D	0 4 1)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13558 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESUMENCE (Where deceased lived. If institution: Registence before admission) o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CAY OR TOWN (If outside corporate limits) write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Year DECEASED DEATH (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys WIDOWED I DIVORCED | 100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) INIO RE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH [Enter only one couse per time for (g), (b), ond (c).] INTERVAL SETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO CARCIMOMA Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the under-STUMACH lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Nat while of work of work 21. I certify that I attended the deceased fram. 19 that I last saw the deceased and that death occurred at(5) M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S BURKE NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 924. NAME OF REMETERY OR CREMATORY 22d. LOGATION (City, town, oc.county) (Stote) REMOVAL (Specify) RIAL 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 3 DATE DEC.]

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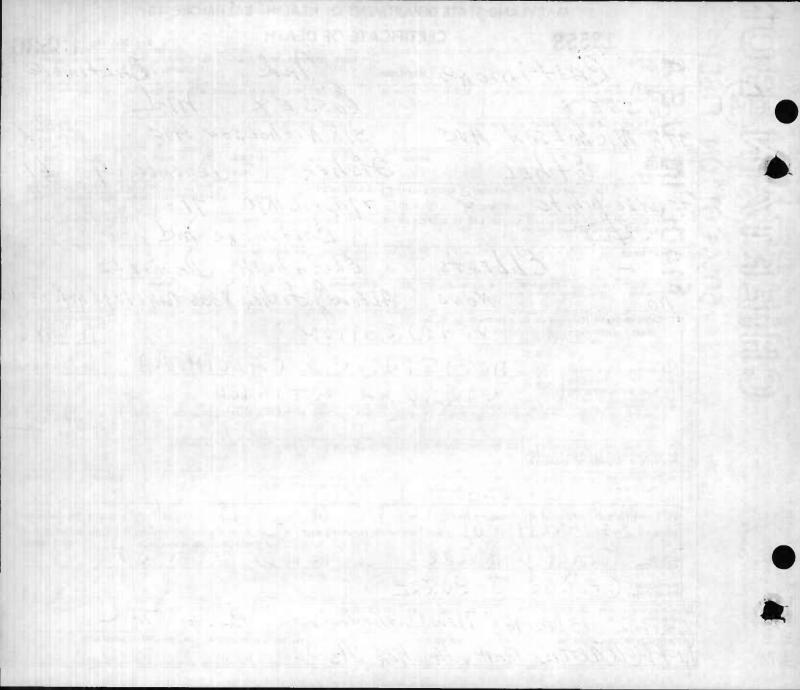
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TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and comparely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPA	ARIMENI OF HEA	MARK.
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3	01 W. PRESTON STRE	ET, BALTIMORE 1, MARYLANDS
13550	CERTIFICATE	OF DEATH	10000

Masonic Home Conditions, if eny, which Conditions Conditio	RESIDENCE A FARM? NO RESIDENCE A FARM? NO RESIDENCE RESI
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cockeysville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Masonic Home 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if relived) HOUSE wife Edward Clarke 13. FATHER'S NAME Edward Clarke 14. SOCIAL SECURITY NO. 17. INFORMANT Masonic Home, Cockeysville, Md NETENAL Lest A. DATE OF ADEATH DEATH Month Deys Months Deys Hours Housewife 14. Months Self-in-deed Month Deys Months Deys Hours Housewife 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (lifyespivewerordelesofservice) NO 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE BY. IMMEDIATE CAUSE BY. IMMEDIATE CAUSE BY. (b) Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO Conditions are further and restrict to the ceuse of the c	RESIDENCE A FARM? NO R 24 HRS. Min.
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DECEASED (Type or print) S. SEX 6. COLOR OR RACE White Widowed Widowed	R 24 HRS. Min. COUNTRY?
Female White Widowed Divorced Divorced Widowed States, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife 13. FATHER'S NAME Edward Clarke 14. Mother's Maiden Name Irene Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofservice) no 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Later Market Divorced Due to (b) Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying cause lest. (c)	Min.
Housewife Baltimore, Maryland U.S. A 13. FATHER'S NAME Edward Clarke Irene Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give wer or detes of service) NO 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Authorized Live to immediate ceuse (e), steling the underlying cause lest. DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), steling the underlying cause lest. DUE TO (c)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordetesofservice) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arturoscliratic Causes (b) arturoscliratic Causes (c), stelling the underlying cause lest. (b) Cleasure DUE TO (c)	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) NO 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying cause lest. (b) Cause Part (Interval Cockeysville, Md INTERVAL ONSET AN ONSET AN DUE TO (c)	
Conditions, if eny, which geve rise to immediate cause (e), stefing the underlying cause lest. DUE TO (b) Olestin DUE TO (c)	
X YES	AUTOPSY ORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PER YES 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County)	(Stete)
21. I certify that (I) (this headfal) attended the deceased from Oct 19 10 10 10 10 10 10 10 10 10 10 10 10 10	(we) last ad above
Elizabeth Beherill M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	b. DATE SIGNED
22c. PHYSICHAN'S_NAME (TYPE 1/2 aboth B. Sherr: 11 Cockeysville, Md.	
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 12-26-61 Loudon Park Cemetery Baltimope	Stete)
24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 St. Paul Streetm ZONE 2 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS DATE 2 6 '61 Cuthur & Kunus	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL DESEADCH AND DECORDS 301 W DEESTON STREET RAITIMORE 1 MARYLAND

13561 CERTIFICA	TE OF DEATH		13539
1. PLACE OF DEATH 8. COUNTY		CE (Where deceesed lived, If instituti	ion: Residence before admission
Baltimore MARYLAND	a. STATE	b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		yland If outside corporete limits, write RURA	L end give nearest town)
write RURAL and give neerest town)	D.311	3	111-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore d. STREET ADDRESS	9 - 1	I . IS RESIDENCE
			ON A FARMI
Veterans Administration Hospital	219 W. Mc	nument Street	YES NO
DECEASED	Last	4. DATE Month OF	Day Yeer
(Type or print) ROY	FORWOOD	De cember	24 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers IF UN	
Male White WIDOWED DIVORCED	11/26/88	73 yrs. Mont	hs Days Hours Min.
. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Coun	ty & State, or foreign country) 12	. CITIZEN OF WHAT COUNTRY
Bartender Hotels	Baltimore,	Marril and	U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN	NAME TOTAL	0.0.11.
Walliam W Warrand	36 77-		
William T. Forwood WAS DECEASED EVER IN U.S. FARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Ha	nery Address	
s, no, or unkown) (Ifyesgive war or dates of service)		nical Records	
Yes WW-1 217 09 5516 VA	H Baltimore 1	8, Md-FORT HOWARD	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: CADCATRIOMA OF DIAP	TOTAL		ONSEL AND DEATH
IMMEDIATE CAUSE (a) CARCINOMA OF BLAD	DEK		OMMM
OCCARGO COLOR). m mayor
Conditions, if any, which \ (b) RIGHT LOBAR PNEUM	ONIA		4-5 DAYS
gave rise to immediate ceuse			
(e), steting the underlying cause lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
GASTRIC ULCER			PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR!	D /Enter nature of injury In I	Part I or Part II of item 18)	113 12 110
OR CONTRIBUTING CAUSE OF DEATH	terror nervice of milety in t	Total Carlotte It of Trotte Ito.,	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			10 11
	.ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (Slate)
p.m. 19 al work et work			
21. I certify that XI) (this hospital) attended the deceased from	Nov. 13	1961, to Dec 24	1961 that 10) (we) la
saw the deceased alive on. Dec. 24 161, and the			
22e. SKGNATURE		ke 1/1 e	22b. DATE
VI A SIMM		MED. STAFF PHYS. 7	12/26/61 SIGNE
226. HYSICIAN S	22d. ADDRESS		
NAME (Type) SEBASTIAN RUSSO, M.D.	VAH Balta	18. Md. Fort Howa	ard Distriction
. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City, town or o	
REMOVAL (Specify) WITIAL (Specify) WITIAL (Specify)		Baltimore 28, Mar	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS		D BY REGISTRAR 256. REGISTRA	
m-Cook Blight, Inc. 6009 Harford Rd. Be	LIto. Md. DATEC	: 28'61 arthur	d. Mair

TO HOSPITAL & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after page be retained by the hospital or attending physician.

TO WERAL DIRECTOR: After this certificate has been signed by the attending physician and compared filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please permove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and if any event, within 72 hours after death

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rerely filled in by the funeral pers. Pages 1 and 2 should TO HOSPITAL BIRECTOR: After this certificate has been signed by the attending physician. TO HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYENDE OF DEATH

	102					
1. PLACE OF DEATH					lived, If Institution, Res	sidence before edmission)
Balti	more	MARYLAND	a. STATE Mar	yland	B. COUNTY	·
b. CITY OR TOWN (if outsid write RURAL and give no	e corporate limits,	c. LENGTH OF STAY IN 16		If outside corporata lin	nits, write RURAL and s	give nearest lown)
				cimore	3 VO	1-4
d. NAME OF HOSPITAL OR	INSTITUTION (if not in hosp	pital, giva street address)	d. STREET ADDRESS	3 S Coll	ins Avenue	e. IS RESIDENCE ON A FARM?
16 Fusting						
3. NAME OF DECEASED (Type or print)	William	D. Ga	ierty	4. DATE OF DEATH	December	9 19 6 1
5. SEX Male 6. CO	White WIDOWE	T. T.	uly 19, 188	last h		EAR IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Gidona during most of working lift Bar Tender	fe, even if retired)	ND OF BUSINESS OR INDUSTR		ore, Mary		EN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
John W	Villiam Gaie:		Bridg	ett M.	Delaney	
15. WAS DECEASED EVER IN U (Yes, no, or unknown) (Ifyesgiven)	.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
No		J	ohn W. Gaie	rty	153 S. Co.	llins Ave.
	[Entar only one cause per li		0		1	ONSET AND DEATH
PART I. DEATH WAS	Conditions, if any, which (b) Cerebral and General address (conditions, it any, which (conditions, it					
334X	DUE TO O	in all and the	wal Cito	ninode	1,010	9m. 11/4
Conditions, if eny, which	1	the and gen	nor circ	to the		21141000
(a), steting the underlying	DIJE TO	acclead &	llemoren	rallon		
causa lest.	(c)		- AC - ATC - AC - ACC -	NAME OF THE PROPERTY OF THE PR	HON CIVINI IN PART 1	(-) 10 WAS ALITORSY
PART II. OTHER SIGNII	FICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDI	IION GIVEN IN PAKT T	PERFORMED?
OR CONTRIBUTING CAL	De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Hour e.m. p.m.	Month, Dey, Yeer 20d. I While 19 et worl	Not While fect	CE OF INJURY (Home, ferr ory, street, office bldg., etc		rn) (Count	(State)
21. I certify that (I)	(this hospital)/attend	ded the deceased from	1//	1961, 10 / 2	7.9, 19.6	2.(, that (I) (we) las
saw the deceased al	15 11	19.61., and that		KA-A	the same of the sa	
Elist W	Johnson		ATTENDING PHYS.	MED. STA		22b. DATE
22c. PHYSICIAN'S NAME (Type)		The state of the s	3432 2	reguist y	aces no	7
23a. BURIAL, CREMATION, 2	3b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county)	(Stale)
REMOVAL (Specify)	ec.13,1961	St. Peter	's Cemetery	Balt:	imore, Mar	yland
24 FUNERAL DIRECTOR'S SIG		ADDRESS	25a. RE	C'D BY REGISTRAR	256. REGISTRAR'S SI	GNATURE
William Coo		1217 St. Pau	1 Street	ro 1 2 161	Orthur S.	Thous

e s W.C. Bulletin Butter Entitled E 2 11 11 the mean of the management of the state of t 100 100 1000 Marie Land Land Land The Late of the second sydration aut. 422 wildle - Tra . Hy pallice . Tet . . vitable .w need Bull Has. 13, 1961 What a Canatery of Bull Lore, Mary and Marking Gook, Lno. - 1517 Bol Fank pave 5. TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page

J. be retained by the hospital or attending physician.

Page

Local NERAL DIRECTOR: After this certificate has been signed by the attending physician and contacted filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

	THE PERSON OF TH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
13563	CERTIFICATE OF DEATH	13541

(Items 8 & Q F	11 m G304 1/2/62 1wk				
1. PLACE OF DEATH a. COUNTY	2001112000	2. USUAL RESIDENCE Where deceased fived, If institution: Residence before admission a. STATE b. COUNTY				
Baltimore	MARYLAND	a. STATE aryland b. COUNTY				
b. CITY OR TOWN (if oulsida corporate limits, writa RURAL and giva nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, writa RURAL and giva nearast town)				
Catonsville,	7 yrs.	Baltimore #25. Brooklyn 3VAI-4				
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospilal, give streal address)	d. STREET ADDRESS o. IS RESIDENCE				
		#407 Pontiac Ave. ON A FARM				
Summitt Nursing Home	Middle	#407 Pontiac Ave. YES NO				
DECEASED	Middle	OF				
(Type or print) IDA		ARDNER DEATH 22 nd. Dec. 1961				
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthdey) Months Days Hours Min.				
Female White WIDO	WED DIVORCED J	Tuly 3, 1886 75 yrs. Months Days Hours				
10a. USUAL OCCUPATION (Giva kind of work 10b	KIND OF BUSINESS OR INDUSTR					
dona during most of working life, aven if ratirad) Secretary Fall	rmers Nat'l.Bnk	. Ap.A. Co., Maryland U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
George Mewshaw		Lina Burch				
	6. SOCIAL SECURITY NO. 17. I					
(Yns, no, or unkown) (Ifyasgivawarordatesofsarvice)						
		Mr. Kenneth Gardner Linthicum Hghts., M				
18. CAUSE OF DEATH [Enter only one ceuse po	er line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a)	MyDWINSI	AE CAGO- AGENIAT				
DUE TO	LAOX DUE TO TOTALCO					
Conditions, if any, which (b)	Conditions, if any, which \ (b)					
gava risa to immadiata causa	gava risa to immadiata causa					
(a), stating the underlying Dut 10	Vi2511	25 1.411/45				
Z PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS				
OIL		PERFORMED? YES NO				
20. ACCIDENT WAS LINDERLYING II 206 I	SECORE HOW INTERV OCCUPED					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES NOT						
E p.m. 19 at v	vork at work	Ral 100 11/1/11				
21. I certify that (I) (this hospital) att	Anded the deceased from	to				
saw the deceased alive on	21/ 196/ and that					
22a. SIGNATURE	Land	/ 22b. DATE				
N4 W M	14	D. ATTENDING MED. STAFF DIRECTOR PHYS. 123 16				
22c. PHYSICIANS	A B 11	22d. ADDRESS				
NAME (Typa)	hs (-reth 1	10 1303 Frankrick Rd (20)				
DUBLAL CREMATION LOSS DAYS THEREOF	O TO JULY	OR CREMATORY 23d, LOCATION (City, town or county) (Sata)				
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	23c. NAME OF CEMETERY	ON CREMATOR! 23d. LOCATION (City, town or county)				
Burial 26th Dec. 196		Cemetery Brooklyn, RRF, Maryland				
24 EUNERAL OTRESTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
1- 1- Completor	Glen Burnie.	Md. DATEDEC 28'61 Orthur S. Kraus				

7185 A STATE OF THE PARTY OF THE PAR .av peidne ville JUNE OF CHISCOLOGY OF THE PROPERTY AND T Control of the contro on CARLANNA STATE SEA SEA DE MANNETA ESCURE LEASTE CON A STE. , Happyten Site Cadia - Udscala Disputer Milities WE IN- CHEKARD 1303 FISHUTTER POLICE Butter of Kee Duc. 1961 Perce till Delivery . Branceye, HEF, Cory of the dlen String, M.,

a. IS RESIDENCE ON A FARM? YES NO

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO T

(State)

22b. DATE

SIGNED

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IF UNDER 24 HRS.

MER OF HERMAN SANCE STATES OF WARRENCE STATES MILE KE SHILLENGER -A REFERENCE SOLDER OF WHETHER THE STATE OF STATE Brekening Kadala . CHENNA Jona H Man level - 55 " Ellerand date Medition THE STATE OF THE PROPERTY SHOWS IN THE STATE OF THE STATE TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after the page by be retained by the hospital or attending physician.

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M.	ARYLAND STATE DEPARTMENT OF H	EALTH
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
13565	ESEARCH AND RECORDS, 301 W. PRESTON ST CERTIFICATE OF DEATH	19540

1	13543					
	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission a. STATE b. COUNTY b. COUNTY					
	MARYLAND	Mac				
r	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CJTY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)			
1	Write RVRAL and give neerest toyn)	19ALTIMORE	3 VO 1-4			
ľ	A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE			
4	OATON RIDGE HOME 379 HAGLEM FORME	170 S. GALHOUN ST	YES NOVE			
	3. NAME OF First Middle Middle	Last 4. DATE Month	Day Year			
1	(Type or print) WALTER M. SK	AVIN DEATH DEC YO	196/			
1	S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8	last birthdey) Months D	EAR IF UNDER 24 HRS. Bys Hours Min.			
-	MIGUE DIVORCED DIVORC	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?			
	dogle-during most of working life, even if retired)	Balt md				
ŀ	IN COULT	14. MOTHER'S MAIDEN NAME				
	John Savin	MARY ANN CAN TON				
1	16 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	Barda			
	(Yes, ng) or unkown) (If yes give wer or defes of service) NONE CL	Fron A. Savin Sry S. Fultons	Ave me			
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN			
1	PART I. DEATH WAS CAUSED BY:		2 4 Las			
1	IMMEDIATE CAUSE (e)		2700			
1	DUE TO	- 1				
	Conditions, if eny, which (b) // wes Enter	uls a Jepenson	Don			
	geve rise to immediate cause DUE TO	- 2	214 1230			
	cours less					
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY			
	PART II. OTHER SIGNAL CONDITIONS CONTINUES IN CONTINUES I	*	PERFORMED?			
1	3 benevoled allew sel	lives	YES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((6)) PER YES 20o. ACCIDENT WAS UNDERLYING (2) OF CONTRIBUTING CAUSE OF DEATH (I) (I) 10 (I) 11 (I) 12 (County) 12 (County)						
						20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 et work et work
21. I certify that (I) (this hospital) attended the deceased from 1964 to 1956, 1956, saw the deceased alive on 1956, and that death occured at 56M; from the causes and on the						
						-
	Court Court &. M	BUNG DIRECTOR	12/27/6/			
1	22c. PHYSICIAN'S	22d. ADDRESS	1 /2/14			
	NAME (Type) CLIFF ROTLIFF, 50	1. 4605 Ed horder a	u #27			
		OR CREMATORY 23d. LOCATION (City, town or county)	(State)			
	REMOVAL (Specify) 74 DEC 1961 ST PETER					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE			
	1011 Cultira PRAHY STRICKER,	Sts DATEDEC 28'61 arting 8.1	Kraus			

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) Baltimore Md altimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Catonsville Catonsville hours after Pages MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Nursing Home Langford Rd. YES NO NAME OF papers. First Middle DATE Month Dey Yaar ITHIN X2 DECEASED OF Philip Germack. DEATH (Type or print) Dec. 19 COL carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEY 8. DATE OF BIRTH AGE (In years | IF UNDER TYEAR IF LINDER 24 HRS. pue last birthday) Months Hours Min Male June WIDOWED [DIVORCED 86 event, physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Dispatcher United Railway---Balto Md. USA MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Germack affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I Address (Yes, no, or unkown) | (If yes give wer or detes of service) 4299 Mrs Ruth signed by the 216 09 Newark. 1422 Langford Rd INTERVAL BETWEE permit. 18. CAUSE OF DEATH Enter only one cause for (e). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO rotic haa been Conditions, if any, which gave rise to immediate cause DUE TO the bu burial, (a), steting the underlying has cause lest. certificate PART II, OTHER SIGNINGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION as PERFORMED? use prior NO L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) for After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) Month, Dey, Yeer factory, street, office bldg., etc.) Not While Whila Hou R ATTEND Ay be retaine DIRECTOR: at work 19 190%, that (1) (-----) last hespital attended the deceased from LLLL plnods saw 220 ATTENDING STAFF PHYS. PHYS. 22c. PHYSICIAN 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) /6/61 258. REC'D BY REGISTRAR 256. REGISTRAR SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Contrar S. Three '61 15M 7/61 F.D. 4101 dmondson

requires that the

physician.

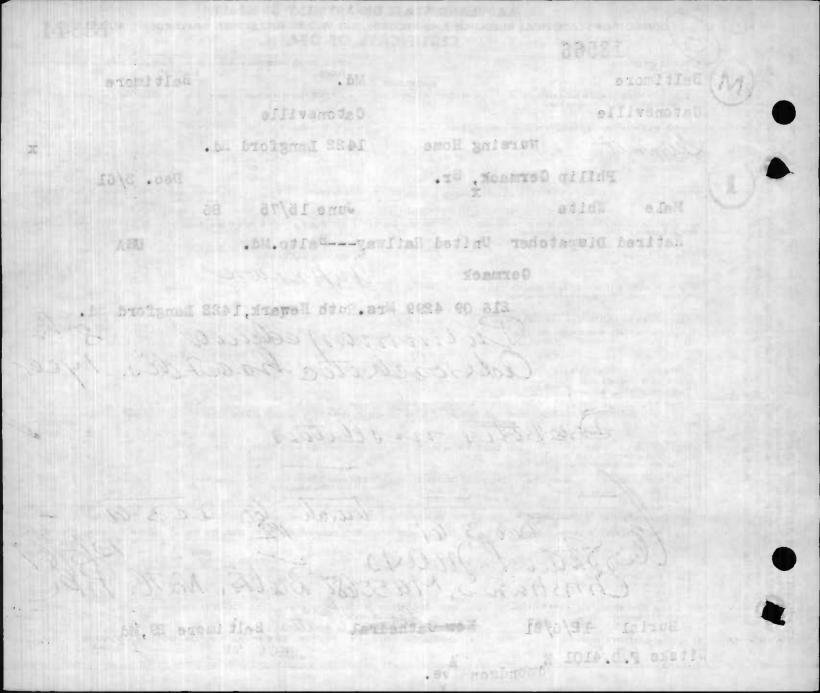
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hospital

the

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE Lowerze TO FRUTY ACAL EXAMINER: This certificate should be executed within 24 hours after death. If delay essary, place execute ine certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to Include Infector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. Rucher いんしかい 142 d

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1356 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	7000	em 14 Film G30	13 12/20/62		13505
1. PLACE OF DI	EATH		2. USUAL RESIDENCE	Where deceased lived, If	nstitution: Rasidenca before edmission)
4. COOM1	Balli	MARYLAND	a. STATE	b. COUN	TY Roll - Design
b. CITY OR TO	WN (if oulside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	cyland	RURAL and give nearest town)
writa RURA	Land give nearest town		X Baltimon		
d. NAME OF	CAMAL OR INSTITUTION (if not in	hospital, give streat addrass)	d. STREET ADDRESS	. e o	e. IS RESIDENCE
-7-	Jd	- P/			ON A FARM?
AA	XXX Sylval	C- 0.56	" 2435 Sylv	vale Rd.	YES NO X
3. NAME OF DECEASED	First	Middle	Lesi	4. DATE Month	Dey Yeer
(Type or print)	广内15.11		GLAZER	DEATH ALCO	13 1961
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Fernse		WED DIVORCED	1886	last birthday) 75 yrs.	Months Days Hours Min.
10a. USUAL OCC	UPATION (Give kind of work 108	. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Siele or		12. CITIZEN OF WHAT COUNTRY?
	of working life, even if ratired)				
13. FATHER'S NA	sewife	Home	Lith HOTHER'S HAIDEN N	A AAC	USA
			14. MOTHER'S MAIDEN NA		
Na	than Katz		Ger	trude unkn	own
15. WAS DECEASE (Yes. no. or unkow	D EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		17-26-9223	Mrs. Gertru	de Weinber	rSame
18. CAUSE	OF DEATH [Enter only one cause p	er line for (e), (b), and (c).]			INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	Para and a	Ecclusia		ONSET AND DEATH
10	IMMEDIATE CAUSE (a)	arrows	e recover	-n	Lomen
142	DUE TO	V			
	any, which (b)				
	mediela ceusa ha undarlying DUE TO				
cause lest.	(c)				
Z PART II. C		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
Š l					PERFORMED? YES NO 7
P STEPNI	AL CAUSE WAS 2Db. DE	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I	or Book II of Store 18 V	YES NO K
PRIMARY []	or CONTRIBUTING	CKIDE HOW INJOK! OCCORED.	(Line) herore or injury in reit i	or rail if of fiam is.,	
	Print - Kana	me	~		
20c. TIME OF			ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	2Df. (Cily or town)	(County) (Stele)
WE			202.		
21. I certif	y that I took charge of the	emains described above, h	eld an Autopsy . In	spection , Inquir	y X, and in my opinion
death result		_	cide . Homicide	, Undetermined m	
GODIN TOSON	Transfer Courses	A Accident L			
	99-0	/	CHIEF MEDICAL EXA		
SIGNATURE	2.2. Capl		M.D. ASSISTANT MEDICA	AL EXAMINER	DATE SIGNED
EXAMINER NAME (Type		LES	DEPUTY MEDICAL E		Dec 13'61
22a. BURIAL, CREM		22c. NAME OF CEMETERY C	OR CREMATORY 2	2d. LOCATION (City, town,	or country) (Slate)
BURIAL	12/14/61	Progress Si	ck Benefit	Baltimo	re Md
23. FUNERAL DIRI	CTOR 60	3 ADDRESS		BY REGISTRAR 24b. REGI	
	00	10 Reist Rd.		The state of the s	
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MARYLAND STATE DEPARTA

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M	NT OF HEALTH	-BALTIM	ORE, 18		
A	TE OF DEATH		Reg	. Dist. N	. 13546
	2. USUAL RESIDENCE (W)		If institution: Rep. COUNTY	sidence bel	fare admission)
	c. CITY) OR TOWN (If or	utside carporate lin	nits, write RURAL	and give n	earest town)
	1308 K	group	Roa	d	e. IS RESIDENCE ON A FARM? YES NO
1	CKMAN	4. DATE OF DEATH	Manth /2-	4	- 1961
	. DATE OF BIRTH	log	E (In years birthday) Man		R IF UNDER 24 HRS. Hours Min.
US.	TRY 11, BIRTHPLACE (State of	orx, 7	1.4	CITIZEN US	ST-
	14. MOTHER'S MATDEN N	AME !			
N	formant Conard	Wei	Address —	A	ame
h	lastere.			10	TERVAL BETWEEN USET AND DEATH
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6	hon				
171	NOT RELATED TO THE TERMII	NAL DISEASE CON	DITION GIVEN IN	PART 1(a)	PERFORMED? YES NO
	. (Enter nature of injury in P				
PLA	CE OF INJURY (Home, form, ary, street, affice bldg., etc.	20f. (City or taw	(n)	(Caunty	(State)
8	, 19 <u>66</u> , ta <u></u> 9 accurred at <u>5.308</u>				saw the deceased
		ADDRESS (Street, ci	ty or town, state)		DATE SIGNED HOS 8 9MJ
_ ~	.b <u>f = 2 & 1 (S</u>	1211121	061 120		1461
000	CREMATORY CELLOLO	22d. LOCATION (C	City, tawn, or caus	nty)	(State)
16		BY REGISTRAR	24b. REGISTRAR	S SIGNATI	

BALTHE-BACTAROSE, TE	N NO THENTSA		
		West state	
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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Memore Court PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesad livad, If institution, Residence before admission) a. COUNTY Beachwood, Md. a. STATE b. COUNTY Md. by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown) ģ writa RURAL and give neerest town) Beachwood Pages,1 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours 8240 Beachwood Road. 3. NAME OF First Middle 4. DATE 72 DECEASED Anna K. Greif DEATH Dec 9,1961 (Type or print) within carbon 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) female Months Mar11.1896 WIDOWED physician serement 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore housewife at home none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending George Hemmeter-deceased Amelia Schuster-deceased a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 8240 dreBeachwood Rd. (Yes, no, or unkown) | (If yes give we rordates of service) Joseph B. Greif-husband ending physician. been signed by the none permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) certificate has been signer use as the burial-transit prior to burial, cremation, DUE TO attending Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY the hospital 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) R. After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) While Not While Hour a.m. Jo. at work at work D.m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from ... 19 61 from the causes and on the date stated above. saw the deceased 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D MERAL 22c. PHYSICIAN 22d. ADDRESS NAME (Typa) OL, 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) Burial क वृंदे व German Hill Rd Sacret Heart Cem. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE C. E. Schimunek DATE DEC 1 2 '61 3331 White S. Three

e. IS RESIDENCE

YES NO

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO -

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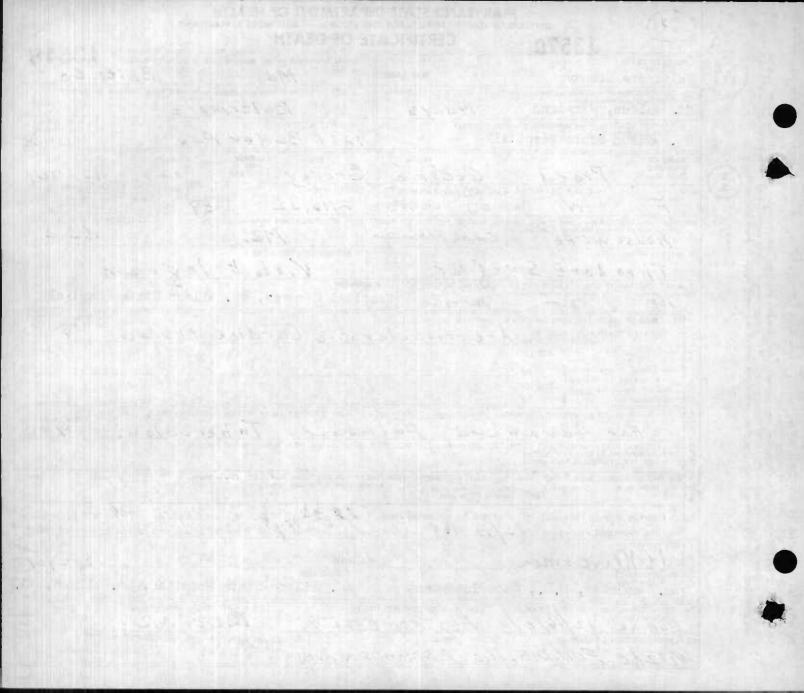
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e a Schominek 3337 Brenns Lane

eath. Page 4 TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within a move of the haspital at offending physician.

To remain the haspital at offending physician and completely fill in by the funeral director, and to remain the filed with began a standard for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 hours after death.

	DIVISION OF	RYLAND STATE D STATISTICAL RESEARCH A	EPARTMENT OF NO RECORDS — BALTIN	HEALTH MORE 1, MARYLAND				
	13570 CERTIFICATE OF DEATH							
1	1. PLACE OF DEATH o. COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	nere deceased lived. If instituted b. COUN		3549		
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) Mt. Wilson, Maryland	c. LENGTH OF STAY IN 16	A STATE OF THE STA	outside carporate limits, write	e RURAL and give near			
	d. NAME OF HOSPITAL (If not in hospital, give street of the control of the contro		d. STREET ADDRESS	Ker Ave	e.	IS RESIDENCE ON A FARM? YES NO D		
	3. NAME OF DECEASED (Type or print) Pear ?	CECILIC	Grever	4. DATE M	Aonth Day	Year 196/		
,	5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED	2/16/02	9. AGE (In year lost birthday	rs IF UNDER 1 YEAR I Manths Days	F UNDER 24 HRS. Haurs Min.		
	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) HOUSE WIFE	kind of Business OR INDU		14,	12. CITIZEN OF	WHAT COUNTRY?		
	13. FATHER'S NAME Theodore Swe		14. MOTHER'S MAIDEN N		Tram			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ng. or unknown) (If yes, give wor or dates of service)		spital Record		001033	pital		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriascle rotio Cardiae Disease							
1	42010 DUE TO							
	gave rise to immediate cause (a), stating the under-	cause (a), stating the under-						
,	PART II. OTHER SIGNIFICANT CONDITIONS CO 002× Far Advanc		MOT RELATED TO THE TERMI			WAS AUTOPSY PERFORMED? YES NO		
		20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
	A Haur a.m. While	NJURY OCCURRED 20e. PL. Nat while t of work	ACE OF INJURY (Hame, form ctary, street, affice bldg., etc	n, 20f. (City ar tawn)	(Caunty)	(Stote)		
	21. I certify that (I) (this haspital) attend	1 .	11/28/01/2	Sel. to 12/	122, 196L, tha	t (I) (we) last		
	sow the deceased alive an		M.D. PHYS. D	ED STAFF	and on the dote	22b. DATE SIGNED		
1	22c. Physician's Windle (Type) Win NewComer, M.D., Super		22d. ADDRESS	State Hospit	tal, Mt. Wi	-/12/6/ lson, Md		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12/16/6/		R CREMATORY EARTY	23d. LOCATION (City, tow		(State)		
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D.BY REGISTRAR 256. RE	GISTRAR'S SIGNATUR			
	WITZKE FUN. DIR, 41	101 EDMONE	SON HULDATE	DEC 1 8 '61	arthur S. Th	ALLA		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 10 CERTIFICATE OF DEATH

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)	PLACE OF DEATH a. COUNTY Baltimore	3.6030	MARYLAND	2. USUAL RESIDEN a. STMarylan	de (Whare deceased lived, If instituted b. COUNTY	tion: Rasidence before admission)			
_	b. CITY OR TOWN (if outsid		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, writa RUR.	AL and giva nearast lown)			
	Fort Howard	earest town)	116 Days	Baltimo	ore 13	3V01-4			
	d. NAME OF HOSPITAL OR	INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Veterans Admi				Caroline Street	YES NO XX			
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year			
	(Type or print)	JOHN	W	GRIFFIN	DEATH December	r 11 10 19 61			
5.	SEX 6. CC	DLOR OR RACE 7. MARRI	ED X NEVER MARRIED 8	. DATE OF BIRTH	1 1 1 1 1 1 1 1	NDER 1 YEAR IF UNDER 24 HRS.			
		egro widowi		April 10, 1	1895 66 yrs. Mon	nths Days Hours Min.			
10	a. USUAL OCCUPATION (G	0-0	IND OF BUSINESS OR INDUSTR			2. CITIZEN OF WHAT COUNTRY?			
do	one during most of working lif	fe, even if retired)	Vadadananaa	Colden Ut	11 Mamrland	II C A			
12	Janitor . FATHER'S NAME		Maintenance	14. MOTHER'S MAIDEN	111, Maryland	U. S. A.			
13									
	Louis W. Grit				Nancy J. Payton				
	es, no, or unkown) (Ifyesgiv		SOCIAL SECURITY NO. 17. I	NFORMANT Linical Reco:	rds, VAH, Baltimor	e 18, Maryland			
			0-10-2011 FC	ort Howard D	ivision				
	18. CAUSE OF DEATH		line for (a), (b), and (c).]			ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA								
	177 V DUE TO								
	Conditions if any wall	3 Years							
	Conditions, if any, which gave rise to Immediate cau	5 10015							
	(a), stating the underlying AMANA MILITASTASTS								
	cause last. (c)								
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?								
CATI	PYELONEPHRITIS								
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
SAL	20c. TIME OF INJURY								
MEDICAL	Hour a.m.	While at wo	a	ory, street, office bldg., etc	4-)				
×	p.m.	17			(2 D	10.63			
					19 61 to December 1				
	saw the deceased alive onDec								
	228. SIGNATURE ATTENDING PHYS. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED 12/11/61								
	22c. PHYSICIAN'S 22d. ADDRESS								
	IRVING FREE	MAN Chief Me	dical Service	M.D. VAH, BA	LITO 18 MD FT HOW	ARD DIVISION			
23	a. BURIAL, CREMATION, 2		13c. NAME OF CEMETERY		23d. LOCATION (City, town or				
	REMOYAL (Specify) Burial	41416	Baltimore Na	tional Cemet	tery Baltimor	e 28, Maryla			
24	FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS		C'D BY REGISTRAR 256. REGISTR	AR'S SIGNATURE			
	Elrov O. W.	11son 1000	Brantley Ave. Ba	Tto 17 MATE	DEC 1 3 '61 Car	Thun S. Kraus			
	11 1 V V • 11.	THE TOOL	DY CONTRACTOR TO THE POST OF T	- AND A LI PULLA					

dec. Page by be retained by the hospital or attending physician.

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the standard by the retained by the hospital or attending physician and concept filled may the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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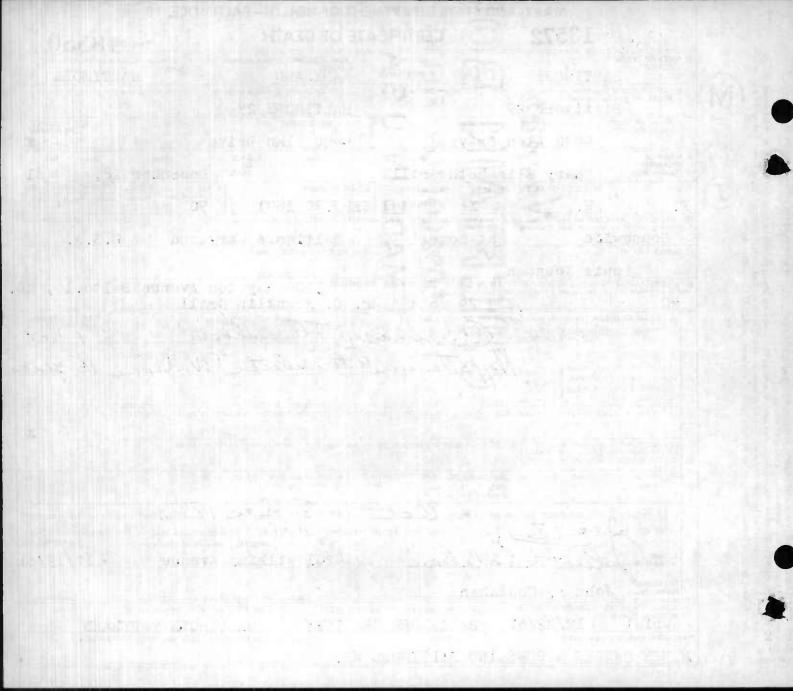
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
572 CERTIFICATE OF DEATH 13572 Item

Reg. Dist. R.550

	1000						
T. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) a. STAJE MARYLAND BALTIMORE						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Baltimore 29	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) BALTIMORE 29						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
4420 Alan Drive	4420 Alan Drive YES □ NO 🛣						
3. NAME OF DECEASED (Type or print) Mary Elizabeth Grill	4. DATE Month Day Yeor OF DEATH December 18, 1961						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED							
F. W. WIDOWED DIVORCED	SEPT. 30, 1871 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.						
10a. USUAL OCCUPATION (Give kind of wark done on 10b. KIND OF BUSINESS OR INDI- during most of warking life, even if retired)	USTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?						
Housewife at home	Baltimore Maryland U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Louis Kossman							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT 3104 Royston Averrue Balto.14, MD						
(Yes, no, or unknown) (If yes, give war or dates of service)							
	Mr. C. Franklin Grill						
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	The Flerenbasis INTERVAL BETWEEN ONSET AND DEATH						
4201 DUE TO 1/2 2 2 200 (10)							
(Canditions, if ony, which) as Higher levere arterescelevitie (V. News 15 years							
gave rise to immediate	. The season of feet						
couse (a), stating the under-	couse (a), stating the under-						
lying couse last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 12						
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Part I or Port II of item 18.)						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While NoI while of work of work	PLACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State) octory, street, office bldg., etc.)						
21. I certify that I attended the deceased fram.	1958 ta Dec 18, 19 6 that I last saw the deceased						
alive an 196, and that deat	h accurred at 11.30 P.M., fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED						
SIGNATURE Sunt Coolalean	ADDRESS (Street, city or town, stote) ADATE SIGNED ADATE SIGNED 12/19/61						
BUYCICIANE							
NAME (Type) John F. Coolahan							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)						
	CEMETERY BALTIMORE MARYLAND						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
HENRY SANDER & SONS INC BALTIMOR	E MD. DATE 21 161						
	DEG 6 1 4 4 C. (15 4 1) 1 / (19 0 M) 2						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13573 **CERTIFICATE OF DEATH**

O. COUNTY Ballo. COm JOINSONMARYLAND	g. STATE b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Mo.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION + Agent to Meus Home	d. STREET ADDRESS ON A FARM? 829 Del gran Ove. e. IS RESIDENCE ON A FARM? YES NO E
3. NAME OF DECEASED (Type or print) A Signal Fixed Fi	Haight DEATH Dee 6 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH MOST 122 1904 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. Months Day Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDU during mast a working life; even if refired)	ISTRY 12 BIRTHPLACE Brote of foreign country) 12. CITIZEN OF WHAT COUNTRY
Paul Nicholes Forum	14. MOTHER'S MAIDEN NAME Mabel Segment
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 136-26-567=	Address Aged Men & Aged Women's Home, Towson
18. CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-	Como st Circle Interval Between ONSET AND DEATH
Iying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPST PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING ACCURRED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State clary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram June, alive an Illa 1, 1961, and that death actual signature Mouland Educad Day PHYSICIAN'S NEWLAND Educated Displayers	A., 194, to December 4, 196, that I last saw the decease a accurred at 6.13PM, from the causes and an the date stated abave ADDRESS (Street, city ar town, state) DATE SIGNE M.D. 4 EAST 33R 4 ST
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
LUM COOK TOUSON 1050 VORK	COGO DATE DEC 1 2 '61 COMON X. Thanks

Reg. Dist. No.355

ed in by the funeral director, I and 2 shauld be filed with oth. Page 4 RAL DIRECTOR: After this certificate has been signed by the attending physician and completely fit TENDING PHYSICIAN: The law requires that the death certificate be executed within Then please remave carban papers. the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs, effect page 3 shauld be detached far use as the buriat-transit permit. TO HOSPITAL TO P

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VS A1S (4) 15M 9/SB

27321 Calle Co. Impanier 19 Calle The selection of the se A CONTRACTOR OF THE SECOND STATES OF THE SECOND SEC A NEW LOND THE STATE OF THE POST OF A COUNTY OF A NEW LOND OF THE POST OF A STATE OF THE POST OF THE The standard to be a second or live to the live of

Item, 10 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY Baltimore delay is cessary, runeral director. Page rained for your files. State Board of Health, Marvland Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Lansdowne Lansdowne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3325 Hollins Ferry Road 3325 Hollins Ferry Road retained the State B NAME OF Middle DATE DECEASED OF may be refr ywith the Sours after de WINTERED HAINEY (Type or print) May DEATH December death. I 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) Months Male WIDOWED [DIVORCED X Feb.4 les 1, 2, a Page 5 s 1 and in 72 bb 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done dwie chanics ne i ber North Carolina U. S. A. PM3. Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Roberson Lee Hainey Lula Norris it. File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT ling" in pencil in Item 18, G er's Office along with forn as a burial-transit permit. Fi r removal, and in any ever Address (Yes, no, or unkown) | (If yes give wer or detes of service) WWII 241-28-4491 Jesse Hainey 125 S. Carrollton Ave. #23 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive/Heart/Disease/ IMMEDIATE CAUSE (a) certificate should be DUE TO Acute Alcohol Intoxication Conditions, if any, which Examiner's O used as a bu gave rise to immediate cause gthe word "pending" f Medical Examiner's sthould be used as a rial, cremation, or re DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION Hypertensive Heart Disease PULL The certificate, writing the volume as should be forwarded to the Chief Medio PrunERAL DIRECTOR: Page 3 should be the control to burial, or 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work D. 79 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DICAL Natural causes X Accident Suicide death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 12/26/61 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Specify) 940 g Baltimore National Cem. Baltimore, Maryland ADDRESS 240. REC'D BY REGISTRAR L 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Howard H. Hubbard 4107 Wilkens Avenue Calling & Kraus DAT DEC 2 9 '61

e. IS RESIDENCE

YES NO X

Year

19

Hours

IF UNDER 24 HRS.

PERFORMED?

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(Stete)

DATE SIGNED

(State)

ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13575
CERTIFICATE OF DEATH
13553 13553

-								-
	PLACE OF DEAT a. COUNTY Baltimore	H	MARYLANI	2. USUAL RESIDE		b. COUN		nce before admission)
	b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 1		N (If outside corpo	orete limits, write	RURAL end give	neerest town)
-	ort Howar		10 Days	Baltimo			3401	-4
	d. NAME OF HOSP	TAL OR INSTITUTION (if	not in hospital, give street eddress)	d. STREET ADDRE	SS			e. IS RESIDENCE
100		Administrati			Calvert			YES NO K
	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Yeer
	(Type or print)	SAMUEL	T.	HELMS	DEATH	Decembe	ר יים	19 61
5.	SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	
	Male	779 1 1	WIDOWED DIVORCED	March 13,18	99	last birthday) 62 yrs.	Months Days	Hours Min.
1Da	. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDU			oreign country)	12. CITIZEN	OF WHAT COUNTRY?
]	Physician FATHER'S NAME	orking life, even if retired)	Medicine	Blacksbu		irginia	U.	S. A.
13.				14. MOTHER'S MAID	EN NAME			
	Thomas He	elms		Kitty Le	e Pucket	t		
15. (Yo	WAS DECEASED EN	ER IN U.S. ARMED FORCE		INFORMANT		Address		
	Yes	WW II	016 05 0100	linical Reco	rds, VAH,	Baltimo	ore 18, 1	Maryland
			use per line for (e), (b), end (c).)	ort Howard D	ivision	THE REST		TERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	ACTITIVE MYOCAPDIAT	TATE A DOMESTAN				NSET AND DEATH
	41.)	IMMEDIATE CAUSE (e)	ACUTE MYOCARDIAI				R	ECENT
		DUE TO	CORONARY THROMBO					
	Conditions, if en	(0)	ARTERIOSCLEROTIC	HEART DISEA	SE		ŲN.	KNOWN
	geve rise to immed (e), steting the	DITE TO						
100	ceuse lest.) (c)						
Z	PART II. OTHE		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	ONDITION GIV	EN IN PART I(e)	
0 1	DIABETES 1							YES NO X
CERTIFI	OR CONTRIBUTING	AS UNDERLYING CONTROL OF CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury	in Pert I or Part II	of item 18.)		
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Dey, Yeer		PLACE OF INJURY (Home, factory, street, office bldg.,		or town)	(County)	(Stete)
	21. I certify	that (I) (this hospital) attended the deceased fro	m November 2	1,1961, 10]	December	1, 19.61	that XI) (we) last
	saw the decea		aber 119.61, and the		:45			ate stated above.
	22 SIGNATURE			ATTENDING	MED.	STAFF		22b. DATE
30	(Lohn)	12 / alle	nd my	M.D. PHYS.	DIRECTOR	PHYS.		12/1/61
	MYSICIAN'S	, , , , , , , , ,		22d. ADDRESS				
ć	JOHN D.	TALBERT. M.	D. Acting Chief, Me	dical Servic	e			
23e	BURIAL, CREMAT	ION, 236. DATE THEREC				TION (City, tov	vn or county)	(Siele)
1	REMOVAL (Specify Cremation	12-4-6	CREENMOINT	CEMETERY	Balt	imore	M	arvland
	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	250	REC'D BY REGIST	1		
				Md.			Ilma S. Kra	
	Wm. Cook-	Blight, Inc.,	6009 Harford Rd.	Balto. 14 DATE	SERGICO, UI	Sud Pi	A. IVA	

Bert IS. 18ag

Alsomore, M. Firstore U. J. .

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wm. Cook-Rinds. Inc., 2009 Harrord No., 201200.14 2005

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MARYLAND	STATE	DEPART	WENT C	OF !	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13576 CERTIFICATE OF DEATH 13576

12551

1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where decessed lived, If Institution: Re	esidence before admission)
· Baltimore			e. STATE	b. COUNTY	
	outside corporete limits,	MARYLAND c. LENGTH OF STAY IN 16	Maryland	(If outside corporete limits, write RURAL and	give nearest lown)
write RURAL end	give neerest town)				2
Fort Howa		64 Days	Baltimore		3101-7
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	spilal, give straet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans	Administration			Patterson Park Aver	
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	CASPER	J.	HERGEL	December December	17 19 61
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 lest birthday) Months D	
Male	White WIDOWE	DIVORCED _	November 6,1	- 00- 74	Deys Hours Min.
10e. USUAL OCCUPATI	ON (Give kind of work king life, even if retired)	TOUNT OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Cour	nty & Stete, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Clothing Cu	many they extend to terminal,	nufacturing Co.	Baltimore,	Maryland II.	S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
John Her	gel		Josephine H	Herr	
15. WAS DECEASED EVE			INFORMANT	Address	
Yes Yes	yes give wer or detes of service) WW T	215-05-6928 [0]	nical Record	is, VAH, Baltimore 18	, Maryland
	EATH [Enter only one ceuse per	line for (e). (b). end (c).)	t Howard Div	/ision	INTERVAL BETWEEN
PART I. DEATH	WAS CALISED BY		T TOTAL T TOTAL		ONSET AND DEATH
1100	MMEDIATE CAUSE (0) STAP	HYLOCOCCAL PNE	OMONIA, LEFT		1 Week
47	DUE TO				
Conditions, if eny	(0)				
geve rise to immedie (e), steting the ur	DI DE TO				
ceuse lest.	(c)				
Z PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
OIL					YES X NO
20a, ACCIDENT WA	AS UNDERLYING TO 1 20b. DES	CRIBE HOW INJURY OCCURED). (Enter neture of injury in	Part I or Pert II of item 18.1	100 20 100 11
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				
	RY Month, Dey, Yeer 20d.	INJURY OCCURRED 200. PL/	ACE OF INJURY (Home, fer	m, 20f. (City or town) (Cour	nty) (Stete)
20c. TIME OF INJUI	While	- TAN 14 11110	tory, street, office bldg., etc	c.)	
	19 el wo		October 1/1	61 Dogombon 17-6	2
21. I certify th	nat (1) (this hospital) atten	ded the deceased from.	9:1	10 61 to December 1796	
saw the decease	ed alive on December	1.1901, and tha	death occured at.A	M, from the causes and on the	
22e. SIGNATURE	To Book	A	ATTENDING	MED STAFF	22b. DATE SIGNED.
All X	my my	La A	I.D. PHYS.	DIRECTOR PHYS.	12/18/61
22c. PHYSICIAN'S	7	1. 1. 1.	22d. ADDRESS		
SEBASTI	AN RUSSO, M.D.		VAH, BAITI	IMORE 18, MD., FORT HO	DWARD DIVISION
23e. BURIAL, CREMATIC	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county	(Stete)
REMOVAL (Specify)	12-20-61	Baltimore Na	ational Cemer	tery Baltimore	Maryland
24 FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR 256. REGISTRAR'S	
	ight, Inc.,6009	Harford Rd P	BITO IL DATED	EC 2 0 '61 Cuntur S.	Thurs.
MAR COOK-DI	TENTO, THE , 1000	HOLLOTA HA. PD	Md.		

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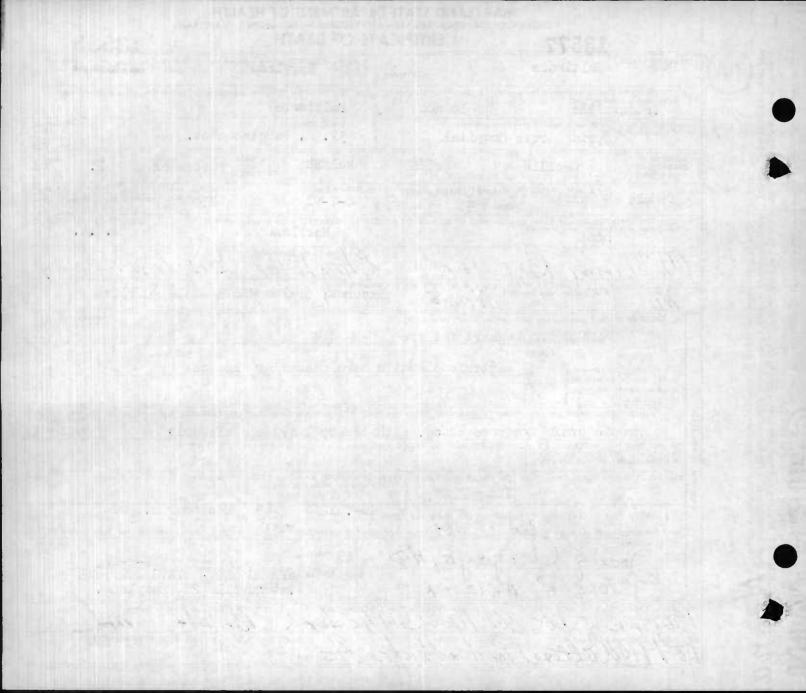
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

BALTIMORE 1, MARYLAND

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		DIAISION O	STATISTICAL KESENKCH MIND	KECOKD3 - BALIII
-	3	577	CERTIFICATE	OF DEATH

200								
1. PLACE OF DEATH o. COUNTY Balti	more	MARYLAND	2. USUAL RESIDENCE (Wary)	here deceased lived. If institution and b. COUNTY	n: Residence before admission) Beltumore			
b. CITY OR TOWN (If outside con	porote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RU	RAL and give nearest town)			
RURAL ond give nearest town) Catonsville		16 mos	Baltimore		2 VAI. 4			
d. NAME OF HOSPITAL (If not in	hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE			
OR INSTITUTION Spring	Grove Ho	spital	32. S. Po	ppleton St.	ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	cilía	He 1en	Holmes	4. DATE OF DECEMBER	Poy Year 61			
female 6. COLOR Who	OR RACE 7. MARS	RIED NEVER MARRIED DIVORCED DIVORCED	8-7-91	9. AGE (In years last birthdoy) yrs.	Manths Doys Hours Min.			
10a. USUAL OCCUPATION (Give kir during most of working life, eve NONE	d af work done 10b. in if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Marylan		12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	BREC	WER	MOTHER'S MAIDEN I	NAME GILde	NFENNY			
1S. WAS DECEASED EVER IN U. S. (Yes, no. of wisknown) (If yes, give we	RMED FORCES? 16. r or dates af service)		ecords: SPRIN	G GROVE STATE	TOSPITAL			
18. CAUSE OF DEATH [Enter	only one couse per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN			
PART I. DEATH WAS CA	PART I. DEATH WAS CAUSED BY: IT and Part I was a larger to the state of the state o							
4-33 Immedia	IMMEDIATE CAUSE (a) REAL TAILURE							
Continue in								
Conditions, if any, which gave rise to immediate	(0)	relitoscielo ric	Cardiovascul	ar disease				
cause (o), stoting the <u>under-</u>	DUE TO							
lying couse lost.	(c)							
E					N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
d chronic bra	ain syndro	me assoc. with	cerebral art	ceriosclerosis	YES NO			
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.	ING DESTH	CRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in	Part I ar Part II of item 18.)				
20c. TIME OF INJURY Manth, Hour a. m. p. m.	Day, Year 20d. II While of wor	Nat while fa	ACE OF INJURY (Home, forr ctary, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)			
21. I certify that (I) (this		ded the deceased fram	Aug. 12	60 to December .	19.61, that (I) (we) last			
saw the deceased alive	on the	19_9/, and that a	death accurred at 1.29	.M, from the causes and	d an the date stated above.			
Jose 6	Doze & Crizaga, M.D. M.D. ATTENDING MED. STAFF 12-2-61							
22c. PHYSTCIAN'S NAME (Type) JOSE	R. AR	LZAGA.	22d. ADDRESS SPF Cat	RING GROVE STATE consville 28, Ma	E HOSPITAL aryland.			
230 BURIAL, CREMATION, 23b. DA	DEC 1961	122 NAME OF CEMETERY OF	OR CREMATORY HEAPPL	23d. LOCATION (City, town, or	(Stote)			
24 FUNEBAL DIRECTOR'S SIGNATU	RE PEXE PRA	ADDRESS / ICKE	250. REC	D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE			
1								



ely filled in by the funeral ars. Pages 1-apd 2 bound hours after HOSPITAL PATERNDING PHYSICIAN: The law requires that the death certificate be exercised withing pages. It is not be retained by the hospital or attending physician.

ON CHERAL DIRECTOR: After this certificate has been signed by the attending physician and comparedly filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

10000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	133/8 T	tems 13 & 11 Fi	1m 0305	1/8/62 m	h		0000
1. PLACE OF DE	EATH	· · · · · · · · · · · · · · · · · · ·	2. USUAL I	RESIDENCE (Whe			ence before edmission)
3. COUNT	Baltimore	MARYLAN	e. STATE	Md	b. cou	Ball	1
b. CITY OR TO	WN (if outside corporete limits.	c. LENGTH OF STAY IN		R TOWN (If outside	corporete limits, wr	ite RURAL and giv	ve neerest town)
1 1	L end give neerest town)		1) /			
	erlea			verlea			IE DESIDENCE
d. NAME OF H	OSPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET	ADDRESS			o. IS RESIDENCE
6732	2 Marglenn Av	e.	61	132 Marg	Lenn Av	e.	YES NO
NAME OF DECEASED	First	Middle	Last	4. DA	TE Mor	oth De	ey Yeer
(Type or print)	Edward		Husbar	OF DE	ATH A		0 . 1967
S. SEX	6. COLOR OR RACE 17 M	ARRIED NEVER MARRIED	B. COATE OF BIRT	H	9. AGE (In yee	IF UNDER 1 YEA	7
,	1	14/	40.00	.00-	lest birthdey		
male	WILLE	DOWED DIVORCED	172-25-1	880	87 yrs.		
	UPATION (Give kind of work of working life, even if retired)	1Db. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	ACE (County & Stat	e, or foreign country	y) 12. CITIZEN	OF WHAT COUNTRY
10 . 1 1	Bricklayer		May	ruland		1/5	A
3. FATHER'S NA			14. MOTHER	MAIDEN NAME			
T'A:	ward Hughes		Mar	y Anne Lu	dwick		
	ED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1		J	Addre	55	
	(If yes give war or detes of service			11 1			
1 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2			Cawara	Hughes,	fr.	same	
THE RESERVE AND PROPERTY.	OF DEATH [Enter only one caus						ONSET AND DEATH
PARI I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ather solve	ec Cardi	o Vascule	- Desen	e	yrs.
-	LUE TO						0
Conditions if							
	mmediate cause						
	the underlying DUE TO						
ceuse last.	J (c)						
PART II.	OTHER SIGNIFICANT CONDITION		1 16-	THE TERMINAL DISE	ASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
T I	anemin &	Sever Prost	at iles.				YES NO NO
PART II. CO	NT WAS UNDERLYING 2DE	. DESCRIBE HOW INJURY OCCL	RED. (Enter neture o	f injury in Pert I or	Pert II of item 18.)		
OR CONTRIBU	TING CAUSE OF DEATH						
		2Dd. INJURY OCCURRED 2De.	PLACE OF INJURY	Home form 1 206	(City or town)	(County)	(State)
20c. TIME OF		WhileNot While	fectory, street, office		(City of lown)	(County)	(31616)
W		et work et work					
21. i certi	fy that (I) (this hospital)	attended the deceased fro	m 19 3	9 19	10.28 NO	- 1961	, that (I) (we) las
	eceased alive on	A		1			
22e. SIGNAT			ilai dealii occai	od diametri,	nom mo cause.	2113 011 1110	22b. DATE
ZZe. SIGNAI	both of I	Ce	ATTENDIN		STAFF		SIGNED
	Vona Cital		M.D. PHYS.	DIRECTOR	PHYS.		
22c. PHYSICI		11.1.	22d. ADI	ORESS 1	. 01	2.00x	mel
	JOHN G.	17916	191	1 / Dila	n kal	Dares	0110
23e. BURIAL, CRE	MATION, 236. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATOR	Y 23d.	LOCATION (City,	own or county)	(State)
burial sp	1-1-6	7. Loudon Pa	rk (emes	teru B	altimon	2 Mai	
	ECTOR'S SIGNATURE	ADDRESS	or Center		EGISTRAR 25b. R	EGISTRAR'S SIGN	NATURE
1	1001 -	0= 11 1 10	2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Leona	ra J. Nuck 531	05 Hartord Ro	aa	DATE AN 2	02	i. where S. Th	talle .

The state of the s E THE RESERVE AND ASSESSMENT OF THE ATTENDED TO THE PERSON OF THE PERSON OF Telefore the second of the sec Leonard J. Mack 2305 Nargona Nead

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page e. STATE b. COUNTY Baltimore County. MARYLAND Baltimore County b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. write RURAL and give nearest town) Ö d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Texas d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO Railroad Avenue, Texas, Md. Railroad Avenue 3. NAME OF DATE DECEASED z with the sours after de OF (Type or print) DEATH BABY BOY HUSEN December 20 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours WIDOWED DIVORCED Male 1, 2, a age 5 1 and 72 ho 10a. USUAL OCCUPATION (Give kind of work 11. BtRTHPLACE (Stelle or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) none File pages ent within 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or detes of service) ranks, ned 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (e) Interstitial Pneumonitis Office **burial-**1 DUE TO s a buria Conditions, if eny, which (b) geve rise to immediate cause DUE TO as (e), stating the underlying Examiner cause lest. used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY 8 PERFORMED? NO P 0 shoul 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) ge factory, street, office bldg., etc.) While Not While Hour e.m. el work | et work | certifica 0 O 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion CAL forwarded L DIRECT death resulted from: Natural causes X. Accident [Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for PUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED designati SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) HOWARD G. Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREO CEMETERY OR CREMATORY REMOVAL (Specify) 40 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATEDEC 2 6 '61 Cothung & Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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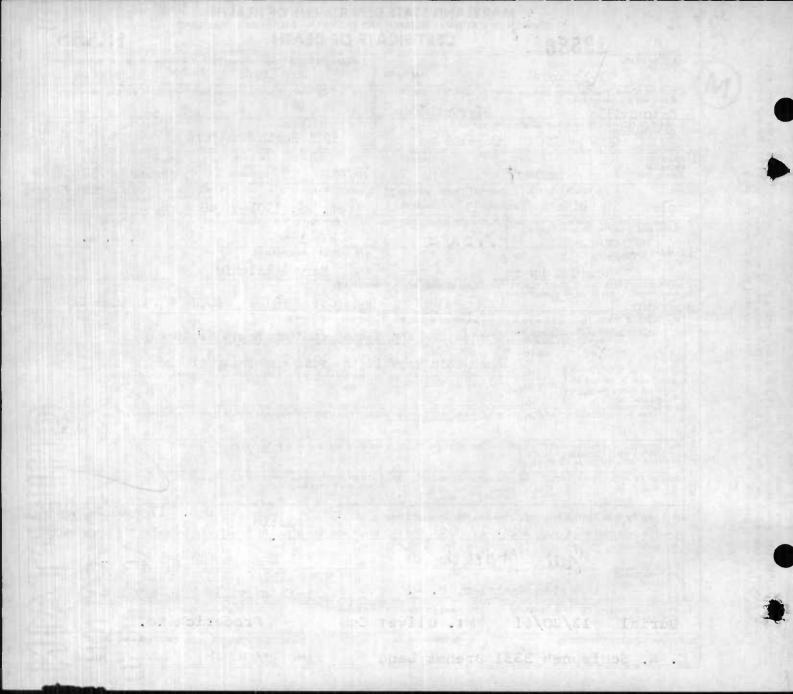
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL			Mary]		b. COU	nitution: Residen	ce before adm	nission)
b. CITY OR TOWN (If a RURAL ond give nea	outside corporate limit	, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TO	OWN (If o	outside corpoi	rote limits, wr	ite RURAL ond	give nearest to	own)
Catonsvill	le	2	5yr9mth8dys	5					3 v	111-4	
d. NAME OF HOSPITA OR INSTITUTION	L (If nat in hospitol, gi	ve street o	oddress)		d. STREET AD					e. IS I	RESIDENCE
	OVE STATE	HOS	SPITAL		1211	Nort	th Mon	tford			□ NO □
3. NAME OF DECEASED (Type or print)	Firs Herbe:	1	Middle	I	losi Hyman	G.	4. DATE OF DEATH		Month cember	Doy 17	Yeor 1961
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D	ATE OF BIRTH			9. AGE (In yo	eors IF UNDER	1 YEAR IF UN	NDER 24 HRS.
male		WIDOWE			Oct. 2	7. 39	901	60	yrs. Manths	Days Hau	rs Min.
10a. USUAL OCCUPATION during most of working	(Give kind of wark d	one 10b.	KIND OF BUSINESS OR	INDUSTRY					12. CITI	IZEN OF WHA	T COUNTRY?
unknow		1	VONE		Mary	land			U.	S. A.	
13. FATHER'S NAME			101/4	1.	. MOTHER'S		NAME				
C	harles Hum	an		-34	Mar	v An	paloni	e			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. INFOR		<i>y</i>			Address		
	yes, give war or dates of se	rvice)	unknown	Re	cords:	SPR	TNG G	ROVE S	BLATE H	OSPITA	Τ.
unknown	4 (E-4			100	JOLUD.	DIII.	ING G	10017	ALIELLE A		
			ne for (a), (b), and (c).]	2 2			. 1	E1 . m		ONSET AN	ND DEATH
10000	H WAS CAUSED BY: MMEDIATE CAUSE (a)	1 001	ngestive an	a dec	ompensa	atory	neart	Lallu	ıre		
410)	DUE TO	Dla				h de	farmi +	of t	ha		
Canditions, if any			eumatic val	vullu	TO MT	in de	TOLINT	y or t	,iie		
gave rise to im couse (o), stoting th		mi	tral valve								
lying couse lost.	(c)										
PART II. OTHE	R SIGNIFICANT COND	OITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT NO	RELATED TO	THE TERMI	INAL DISEASE	CONDITION	GIVEN IN PAR	PER	AS AUTOPSY REFORMED?
20a. ACCIDENT WAS OR CONTRIBUTING DE (IF EITHER, NOTIFY N	UNDERLYING CAUSE OF DEATH REDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter nature of	injury in I	Part I ar Part	II of item 1B)		
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	v 20d. IN While at wark	Not while		OF INJURY (H , street, office			or tawn)	(0	Caunty)	(State)
21. I certify that	20 (this haspital)	attend	ed the deceased f	ram	March 9	- 10	36. to	Dec.	17.196	1. that M	(we) lost
saw the decease	d alive anD	ec.	17 19 61, and t	hat deat	h accurred	at a	M, fram	the causes	and an the	e date stat	ed abave.
22a. SIGNATURE	e4		clish		ATTENDING PHYS.	MI	ED. RECTOR	STAFF PHYS.		18-61	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)			ler, M. D.		22d. ADDRES	0111		ROVE		HOSPI TA	L
23a. BURIAL, CREMATION PEMOYAL (Spacify)	12/20/6		23c. NAME OF CEMET				23d. LOCAT		wn, or county)		itate)
24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			2So. REC"	D BY REGIST	RAR 25b. I	REGISTRAR'S SIG	GNATURE	
C. E. Sch	imunek 3	331	Brehms La	ne	1 1 1 1 1	DATE [EC 1 9	61	Clathur	8 Kraya	

Despitat Operation of the haspital or attending physician.

The law requires that the death certificate be executed within 24 haurs after the page 4 may be haspital or attending physician.

Description and campletely fixed in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

TO HOSPITAL OF TO FU. VR A1S (4) 1SM 9/59



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13581

CERTIFICATE OF DEATH

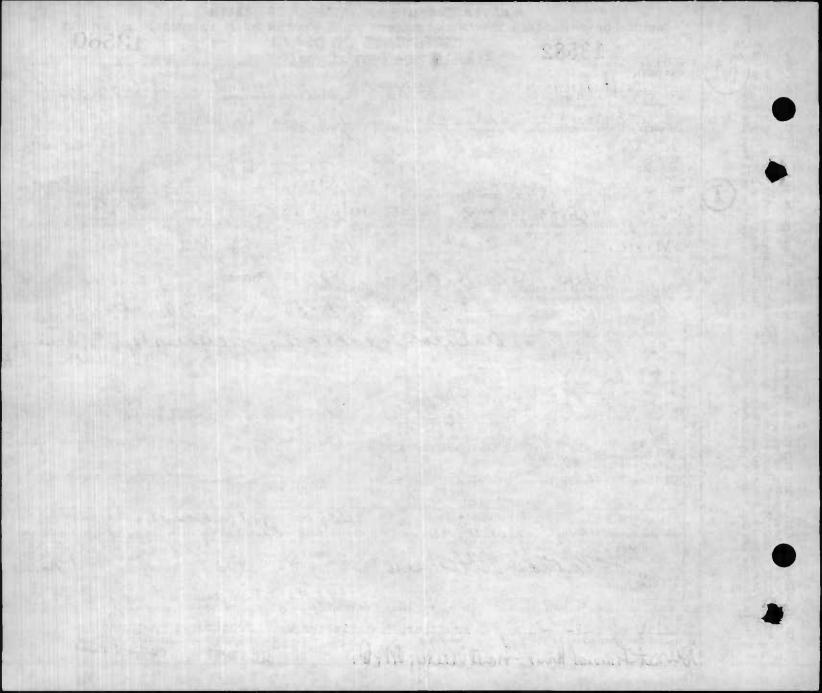
Reg. Dist183559

I	PLACE OF DEATH o. COUNTY Baltural MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE mary land b. COUNTY Baltural
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spains
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION George People People ON A FARM? YES NO NO
L	NAME OF DECEASED (Type or print) Katherine Bauers Tefferson 4. DATE OF December 27 196/
0	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Living Property Property
10	a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign/country) Advance of the stole of the
	Joseph Bauers Name?
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Pro (If yes, give wor or dates of service) Danglilit us lait - Scill
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) Order Seller Free Cardio Vascular desire 15 years
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of lowerk of lower of lo
	21. I certify that I attended the deceased from
L	PHYSICIAN'S WALTERT. ISEES maryland
220	O. BURIAL, CREMATION, REMOVAL (Specify) AND CONTROL (Store) 22c. NAME OF CEMETERY OR CREMATORY (Store) (Store)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR'S SIGNATURE 100 0 Jaken a love Bullo - 17, 211 Date 240 REGISTRAR'S SIGNATURE DATE

HEASO TO BEADERINGS TO SEATH

DIVISION OF STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 14 Film 6303 usual RESIDENCE [Where deceased lived, If institution: Residence before admission] 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL end give nearest town) filled d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Dey Year DECEASED OF DEATH (Type or print) 19 AGE (In yeers | IF UNDER 1 YEAR | carbon 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) Hours WIDOWED V DIVORCED IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove (County & State, or foreign country) dona during most of working life, even if retired) VIIner 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) College Mano 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work p.m DIRECTOR: 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ÷ & Memorial Park Frostburg, Maryland 0 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) DEC 1 8 '61 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



13583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Maryland Raltimore MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) nd give negrest town 2 years Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1437 Mt. Royal Ave., Baltimore 1705 NO PA Spring Grove State Hospital NAME OF First Middle DECEASED Jenkins December (Type or print) Jane Carlisle for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months 45 yrs. White Female WIDOWED X DIVORCED T Aug. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Conn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Taura Carlisle Louis Pitkin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ve wor or dates of service Unk Medical Records-SpringGroveStateHospital No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) heart failure due to **DUE TO** Conditions, if any, which Tracheobronchial obs truction gove rise to immediate cause puol burial **DUE TO** (o), stating the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 00 Schizophsenia, chronic undifferentia ted 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notwood injury in fort to particular).
While eating coifee and doughnuts, choked 18.) 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Exomi should CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) foctory, street, office bldg., etc.) While (1) 19 67 of work 🔯 of work hospita 21. I certify that I took charge of the remains described above, held on Autopsy 17, Inspection 17, Inquiry 17, and find that DIRECTOR: deoth resulted from: Notural causes , Accident ... Suicide , Homicide , Undetermined couse ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR 0 ERAL ASSISTANT MEDICAL EXAMINER ed. **EXAMINER'S** DEPUTY MEDICAL EXAMINER [1010 Leeds Ave. Dec. 17.196] NAME (Type) Geo.S.M.Kieffer M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BIREMOVAL (Specify) 12-20-61 Mount Olivet Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE SOME Frederick, Maryland 24g, REC'D 8Y REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. A15ME(S) SM 9/55

INTERVAL BETWEEN

e. IS RESIDENCE ON A FARM?

Year

1961

Day

U.S

16

YES TH

PERFORMED?

DATE SIGNED

NO T

(County) (Stole)

Catonsville.Balto.Co. Md.

(Stote)

Frederick, Maryland

24b. REGISTRAR'S SIGNATURE

DATE EC 2 0 '61

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Control of the last of the las THE RESIDENCE OF THE PROPERTY OF THE PARTY O The said read the said the sai

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be exercised within ours affect that the plant of the plan

DIVISION	13584	RESEARCH AND R	FICATE	OF DEATH	N STREET, BAL	TIMORE 1	, MARYLA	356	2
1. PLACE OF DEA	TH	ems 12,15,1	2 2 2 2 2	. USUAL RESIDE	NCE (Whe deceased		utlon: Rasidence	e before e	dmission)
a. COUNTY	Baltimore	W 2	RYLAND	a. STATE	1-	b. COUNTY	Ba. H.	10 A	10
	V (if outside corporete limits			c. CITY OR TOWN	(If outside corporata li	mits, write RUI	RAL and give n	eeresl low	n)
()	ind give neesest town)			V D-1	.: //-				
	RVILLE	not in hospital, give street	addrass)	d. STREET ADDRESS	nue			a IS RE	SIDENCE
7/-3	0 (- 1 . 1	. 0. 1	5001633/	1 2520	. , 1	01			A FARM?
454	y Canterow	ry Noad		2529 (anterbur	y Rd.		YES	NO 🔼
NAME OF DECEASED	First	Midd	le	Last	4. DATE OF	Month	Day	Yeer	
(Type or print)	Paul	Victo	or le	obkins	DEATH	12	22	19	61
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED 8. D	ATE OF BIRTH	9. AGE	1 1 1 1		IF UNDER	
mala	white	WIDOWED DIVO	RCED 7	-19-1888	last t	oirthdey) Mo	nths Deys	Hours	Min.
Mace IDe. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS		1 1000	unty & State, or foreign	7	12. CITIZEN OF	WHAT	OUNTRY
done during most of	working life, even if retired			/					21
Baker	701			Germany	6		U.S.A.		A/
3. FATHER'S NAME	Victor Job	kins	14	MOTHER'S MAIDE	N NAME Mi	ına -	(.		
NI	TTILKINID	WEH NI		MY	011/1/11/11	NOOL	UTN/		
15. WAS DECEASED		CES? 16. SOCIAL SECURI	IY NO. 17. INF	ORMANT		Addrass			
Yas, no, or unkown)	(If yes give we ror detas of sa	(Vice)	Ma	1 Esthan	A Smith		4.00		
I 18. CAUSE OF	F DEATH (Enter only one	ceuse per line for (e), (b), a	nd (c))	Contest	11. SHUUL		Sam	RVAL BET	WEEN
	ATH WAS CAUSED BY:	Con silms	> 1	1 .	11.	100		SET AND	
	IMMEDIATE CAUSE (e)_	Carcino	ma r	repatic t	rexure	of Cole	m } 1	· 5 y	rs.
153	DUE TO	-		1		/			
Conditions, if a	ny, which) (b)	C	48461	lized mi	etastase	2 62	1.1		
geve rise to imm	> DITE TO								
(a), slaling the	underlying	to	liver						
	HED SIGNIFICANT CONDIT	IONS CONTRIBUTING TO D		ELATED TO THE TERM	AINAL DISEASE CONDI	TION GIVEN I	N DADT 1(a) I 10	WASA	LITOPSY
PART II. OT	HER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO E	TAIN BOT NOT K	LEATED TO THE TERM	MINAL DISEASE CONDI	HOR GIVER		PERFO	RMED?
5							Y	ES	NO
	WAS UNDERLYING	20b. DESCRIBE HOW INJU	JRY OCCURED. (E	nter nature of injury i	n Part I or Pert II of ites	n 18.)			
(IF EITHER, NOT	IFY MEDICAL EXAMINER)								
ZOc. TIME OF IN	NJURY Month, Dey, Yea	r 2Dd. INJURY OCCURR			rm, ; 2Df. (City or tov	vn)	(County)	1	(Steta)
20c. TIME OF IN		While Not While	fectory	, street, office bldg., e	tc.)				
		et work et work		11	(2) (3)	1	7.1		
21. I certify	that (I) (this hospit	attended the dece	ased from	/	19.60, tol. 2.		, 196/., 11	nat (I) ((we) las
saw the dece	eased alive on 1.2	22 196/	, and that de	eath occured at	M, from the	causes and	d on the da	te state	d above
22e. SIGNATUR	E 01	10 0					2 1	, 22b	DATE
Eda	ward J-LI	hal m.D	M.D.	ATTENDING PHYS.		AFF	3 Dec	61	SIGNED
22c. PHYSICIAN	I'S	1 / 2	,,,,,	22d. ADDRESS			1 11		
NAME (Ty		L.J.Molz	MD	7115	Hartor	10.	Kalta.	14	has
The second second			110	1421	/ IUF PUFL		14114		
DIDIAL COLL	ATION LOSE DATE THE	FOE LOD MANY	E CEMETERY OF	CREMATORY			July 0	/5	tata)
23a. BURIAL, CREM. REMOVAL (Spes	ATION, 236. DATE THER	EOF 23c. NAME C	OF CEMETERY OR	CREMATORY	23d. LOCATION		or county)	(S	tata)
23a. BURIAL, CREM. REMOVAL (Spec	ATION, 236. DAJE THER	EOF 23c. NAME CO	of CEMETERY OR	crematory em. Park		(City, town o	Md.		tata)
REMOVAL (Spec	12-P/64-0	EOF 23c. NAME CO	Land Me	em. Park		(City, town o	Md.	URE	tata)
REMOVAL (Spec	or's signature	More Address	Land Me	em. Park	23d. LOCATION	(City, town o	Md.	URE	tata)

MARYLAND STATE DEPARTMENT OF HEALTH

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ve perbox papers. Pages 1 and 2 should vent, within 72 hours after desth. TO HOSPITAL

be relained by the hospital or attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and comparedly filled in disease, page 3 should be detached for use as the burial-transit permit. Then please remove earbox papers. Pages be filed with the State Dept. of Health prior to burial-transit permit. VR A1S (4) 15M 7/61

hours after

	6	13585	CERTIF	ICAT	E OF DEAT	H	, BALIIM	ORE I, M	1	350	53
1.	PLACE OF DEAT	Baltimore	MARY	LAND	2. USUAL RESIDEN		b. COUN		idence	before e	dmission)
	b. CITY OR TOWN write RURAL end	if outside corporate limits, depice, nearest town. Catons ville	Life.	Y IN/1b	c. CITY OR TOWN	(If outside corpor	_	RURAL and	give ne	erest tow	n)
		TAL OR INSTITUTION (if not establine Rd		ess)	d. STREET ADDRESS	tshire	Rd.				A FARM?
3.	NAME OF DECEASED (Type or print)	Henry	Middle	Joo	kel	4. DATE OF DEATH	Month Dec.		Day	Yeer 196	_
5.	SEX M.	W	ARRIED NEVER MARRIE		t.5,1894		AGE (In years last birthday) 7 yrs.	IF UNDER 1 Y	-	IF UNDER Hours	24 HRS. Min.
do	clerk,	ION (Give kind of work prking life, even if retired) Calve:	ob. KIND OF BUSINESS OF rt Drug Co		11. BIRTHPLACE (Cou	nty & Stele, or fo	reign country)	12. CITIZ	SA	WHAT	OUNTRY?
13.	. FATHER'S NAME		Jockel		14. MOTHER'S MAIDEN Unknow						
15. (Y		ER IN U.S. ARMED FORCES?		0. 17. IN 2 Mrs	John Wil	liams.	Address	stown	R	1.28	.Md.
		DEATH [Enter only one cause H WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	0	tron	bosis				INTE	RVAL BET ET AND I	WEEN
	Conditions, if engeve rise to immed (e), steting the cause lest.	liete cause	scro- (oron	an Certain	Dise	isa_		lic	bru	200-
CERTIFICATION	Dalete 20e. ACCIDENT W OR CONTRIBUTING	R SIGNIFICANT CONDITIONS Nellus AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	CONTRIBUTING TO DEAT	rel"	Leuropat	Thy.		EN IN PART 1		PERFO	NO P
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.		20d. INJURY OCCURRED While Not While I work et work		E OF INJURY (Home, far ry, street, office bldg., et		or town)	(Count	у)		(Stete)
		that (I) (this hospital) sed alive on	212, 61		death occured and	19.59 to PM, from	the causes	. G.L 19.6 and on the		e slated	
	22e. SIGNATURE	ines Mroe		м.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			12/24	SATE SIGNED
_	NAME (Type	J.M. 140 L	AN M.C)	Mallon	- Hilo	Ave 7	Saltun	rio	المحر	ma lete)
23	e. BURIAL, CREMAT REMOVAL (Specify Burial	12/34/61	Mt. Oli		emty.	Randa	11sto	wn Hd.			010)
71	tzko, 410	11 Edmonds on	AVe. ADDRESS			EC 2 9 '61		Mins S.			

MARYLAND STATE DEPARTMENT OF HEALTH

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#1 Free WT 1 818-05-7068 Mrs John #11119ms, 206 Westown Md. 38, Md.

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Enviol 19/26/81 Mt. Olive Tenty. Randallatone Mo. Alternative Formandson Ave.

FOR STATE HEALTH DEPT

TO SPUTY INTCAL EXAMINER: This certificate should be executed within 24 hours after death.

y delay is messary, press execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	7-7-1	o. STATE b. COUNTY
1		Maryland Anne Hrondel
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Fort Howard 25 Minutes	Ferndale 02.x·2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
0	Veterans Administration Hospital	ON A FARM?
	3. NAME OF First Middle	3 - 5th Avenue YES NO W
П	DECEASED	OF
	(Type or print) PAUL M.	JOHANCEN December 14 19 61
N	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Ma 3 - That - Williams II sweets II -	October 2.1899 62 yrs. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		DATTIMORE,
	Supervisor-Ord. Dept. U.S. Navy Yard	(Arlington) Maryland U. S. A.
	Samuel E. Johancen	
		Anna Gentner NFORMANT Address
		nical Records, VAH, Baltimore 18, Maryland
-1	For	rt Howard Division
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: MY OCANDIM /	htanction, Lett Anitonser and DEATH
	HO DUE TO A	
	Conditions, if any, which \ (b) (anon Any	Antieny
	gave rise to immediate cause	
	(e), stating the underlying	
	(6)	T DEL ATED TO THE TERMINAL DISEASE COMPLETION CONTRIBUTION
1	OF WR	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ч	3	YES NO THE
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH OF CAUSE	nter nature of injury in Part I or Pert II of Item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While factor at work at work	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry . and in my opinion
1	death resulted from: Natural causes D. Accident T. Suici	
	ACTUAL 1/1/2 A JAM	CHIEF MEDICAL EXAMINER
	SIGNATURE // / / /	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER
	NAME (Type) M. B. DAVIS, M.D.	Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
		morial Park Glen Burnie. Maryland
1	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Hopping and Vinkley Throng Home and	
1	Hopping and Kirkley Juneral Home, Glen I	Burnie, MOEC 20'61 Cin S. Krons

Consider the North American Control of the Control

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13587

CERTIFICATE OF DEATH

1. PLACE O	F DEATH			2. USUAL RE	SIDENCE (Where deceased lived,	If Institution: R	(asidence before admission)
Bal	timore		MARYLAND	o. STATE	yland	b. CO	UNTY	/
b. CITY O	R TOWN (if outside corporete limits	, c. LENG	OTH OF STAY IN 16	c. CITY OR T	OWN (If out	side corporete limits, w	rite RURAL and	d give neerest town)
For	RURAL and give neerest town) L Howard		17 Days	Bal	timore	16		3 VO1-4
d. NAME	OF HOSPITAL OR INSTITUTION (if	not in hospital, give	street address)	d. STREET AL	DDRESS			e. IS RESIDENCE
Vet	erans Administra	tion Hosp	ital	182	2 North	h Smallwood	Stree	T YES NO
3. NAME O			Middle	Last		DATE Mo	nth	Day Yeer
(Type or p				JOHNSON		D. C. W. POLKS	ember	11 19 61
5. SEX	6. COLOR OR RACE	7. MARRIED X NEV	ER MARRIED	B. DATE OF BIRTH		9. AGE (tn yee	IF UNDER 1	YEAR IF UNDER 24 HRS.
Male		WIDOWED [DIVORCED [Septembe:	r 2,19	04 57 yrs.	. Monthia	Deys Hours Min.
	OCCUPATION (Give kind of work most of working life, even if retired		JSINESS OR INDUST			State, or foreign count	ry) 12. CIT	IZEN OF WHAT COUNTRY
	tionary Engineer		Building	Cheste	hlaifr	Co., Virgin	nie II	C A
13. FATHER'S		1 Doube .	Dattatus	14. MOTHER'S A			Ha U.	D. A.
T-T-a-m	nom Tohuson			T3	,			
	ner Johnson TEASED EVER IN U.S. ARMED FORCE	FS? 16 SOCIAL S	ECURITY NO. 17	Emma Pr	The state of the s	Addr	220	- 0
	nkown) (If yes give war or dates of se		C				timore	18, Maryland
Yes	WW II	1217-26	-1659 F	ort Howar	d Divi	sion		L O CHEROLA L DEPOLICENT
	USE OF DEATH [Enter only one							ONSET AND DEATH
1	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BRONCHOGE	ENIC CARC	LNOMA LEFT	LUNG	WITH METAS	TASES	UNKNOWN
	XXXX							
Condition	ns, if any, which \ (b)	RIGHT LO	BAR PNEU	MONIA DUE	TO (a)			3 Days ±
	to immediate ceuse							
	ng the underlying DUE TO				20.00			A VICTOR
cause las	(c)_ T II. OTHER SIGNIFICANT CONDIT	IONE CONTRIBUTIN	C TO DEATH BUT N	OT BELATED TO TH	E TERMINIAL I	DISEASE CONDITION (CIVENI INI DADT	I (e) 19. WAS AUTOPSY
O PAR	III. OTHER SIGNIFICANT CONDIT	ONS CONTRIBOTION	G TO DEATH BUT N	O KELATED TO TH	E TERMINAL I	DISEASE CONDITION	SIYEN IN PAKI	PERFORMED?
3	A STATE OF THE STA		The second					YES X NO
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	D. (Enter neture of in	njury in Pert I	or Pert II of item 18.)		
		LOCAL INTERPRETATION	CCURRED L CO. P.	A CT OF INTURY (III		06 (61)	10	(54.4.)
	NE OF INJURY Month, Dey, Yee			ACE OF INJURY (Ho		Of. (City or town)	(Cou	inty) (Stete)
WED	p.m. 19		work 🔲					
21. 1 6	ertify that xl) (this hospit	al) attended the	deceased from	Novembe;	r 2419	ol to Decemi	per 119	61 that (II (we) las
	e deceased alive on12/							the date stated above
22a. SIC	SNATURE	1)		ATTENDING	MED.	STAFF		22b. DATE SIGNEE
	fely men	tuno		M.D. PHYS.	DIREC		3	12/11/6
	MASTIAN RUSSO, 1	и.р.		VAH, E		RE 18, MARY	LAND, F	I.HOWARD DIV.
23e. BURIAL	, CREMATION, 236. DATE THER	E 23c. N	AME OF CEMETERY	OR CREMATORY	23	d. LOCATION (City,	town or county	y) (Stata)
REMOVAL	(Spacify) 12/14/			Vational C		Baltimore		Maryland
	DIRECTOR'S SIGNATURE	A	DDRESS	2	5a. REC'D E	Y REGISTRAR 25b.		
Elr	ov O. Wilson, 10	000 Brant	lev Ave.	Balto.17	ACTE D	EC 1 3 '61	arihun	7 S. Kraug

fune SPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pourse page 4 be retained by the hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and companies by filled in by the story bage 3 should be detached for use as the burial-transit permit. Then please camove carbon papers. Pages 1 and 2 story page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death, director, page 3 should be detached for use as the burial-transit permit. Then plea be filed with the State Dept. of Health prior to burial, cremation, or removal, and 우 A15 (4) 15M 9/60 OH

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(a) of the Courant (480 1701). We have

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Distr O. Rilbon, 1000 proping Mars, Belloo, 17, 14.

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death one retained by the hospital or attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and comparedly filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 5 I

한 주 요 VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13588 CERTIFICATE OF DEATH 1356C

1. PLACE OF DEATI	H		2. USUAL RESIDENCE	CE (Where decessed lived, if institution	on: Residence before admission)
Balti	imore	MARYLAND	a. STATE Maryland	b. COUNTY	_
b. CITY OR TOWN ((if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporete limits, write RURAL	and give nearest town)
	Howard	16 days	Baltimore	3	VD1-4
	TAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE
Veter	rans Administrat	ion Hospital	2905 Thor	ndale Avenue	YES NO.
3. NAME OF	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	LORENZO	н.	JOHNSON	OF DEATH December	27 1961
5. SEX	6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE (In years IF UND	
Male	White wow		uly 30, 1889	lest birthday) Month 72 yrs.	s Deys Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Artist		ommercial	Baltimore	Co. Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
James T. J	Johnson		Mary Smith		
15. WAS DECEASED EN	14		NFORMANT Clin	ical Records, VAH	. Baltimore. Md
Yes	WW I	13-30-9612 F	ort Howard D		,,
	DEATH [Enter only one couse per				INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	UREMIA			UNKNOWN
591	DUE TO				
Conditions, if any	V	CHRONIC NEPHRIT	IS		UNKNOWN
geve rise to immed	liete cause				
(e), stating the					
ceuse lest.	D SIGNIFICANT CONDITIONS CO	NITRIBILITING TO DEATH BUT NO	T DELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN P	ART 1(e) 19. WAS AUTOPSY
PARI II. OTHE	k significant conditions co	MIKIBOTING TO DEATH BOT NO	I KELATED TO THE TERMIN	THE DISEASE CONDITION GIVEN IN F	PERFORMED?
5					YES NO
OR CONTRIBUTING	AS UNDERLYING ☐ 20b. DE ☐ CAUSE OF DEATH AMERICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	, (Enter neture of injury In I	Perf I or Perf II of item 18.}	
20c. TIME OF INJU			CE OF INJURY (Home, farm ory, street, office bldg., etc.		County) (State)
Hour a.m.	19 While two	le Not While fect	.,,		
21. I certify	that (I) (this hospital) after	nded the deceased from	ec 11	161, 10Dec 27,	161 that (M. (we) last
		,		:15 afrom the causes and o	
22e, SIGNATURE					22b. DATE
	NA			AED. STAFF DIRECTOR PHYS.	12/27/61 SIGNED
22c. PHYSICIAN'S	1) O seem	m m	22d. ADDRESS		12/21/01
NAME (Type	IRVING FREEMAN	, M.D.	VAH, BALT	IMORE, MD. FT HOW	ARD DIV.
23a. BURIAL, CREMAT	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
REMOVAL (Specify Burial	12/30/61	Woodlawn Ceme	terv	Woodlawn, Md.	
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGISTRAL	
Armagast E	uneral Home. 460	O Liberty Heigh	ts Ave DATE	2 9 161 arthur .	8. Kraud
Armacost Fr					
	Bal	timore, Maryla	uu		

.Ti Campaci II. S. V . Be English and provide at DATES STREAM, N.D. C. C. C. VAI, STREET, QD. 32 CORRES DEV. THE RESIDENCE OF THE PARTY. arance grave no. . toke starts weight within 72 hours after death. After this funeral director, the third copy of this

the registrar in by the f

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

d within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13589

CERTIFICATE OF DEATH

13567

Reg. Dist. No.

Ellemine 13 Maryland

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOM	E) OF DECEASED
COUNTY B 9/ 1/ MORE MARYLAND	STATE S & C.	COUNTY CA 23 KX
CITY (It outside corporate timits, write RURAL LENGTH OF STAY OR end give negrest lown) (in this plece)	CITY (If outside corporete limits, wri	te RURAL and give neerest town)
TOWN LOUNDALT 341	5 town	71X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 For Abank C	STREET ADDRESS PAUTO L	(If rurel give location)
3. NAME OF First (Middle)	(Lest) 4. DA	TE (Month) (Dey) (Year)
(Type or Print) JOE (JOSEPH)	Tores DE	ATHORES 23 1961
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	ARCH4.1876 9. AGE lost 1	birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. yrs. Days Hayrs Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even II retired)	11. BIRTHPLICE (State or foreign country)	12. CHIZEN OF WHAT COUNTRY?
13. FATHER'S NAME TOP JONES	14. MOTHER'S MAIDEN NAME	ackson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no. or unk.) (If Yes, give wer or deles of service)		RWIN 105 Fainbank
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION	INTERVAL BETWEEN
MMEDIATE CAUSE (A) AREM 19		ONSET AND DEATH
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (8)	SCHEROSIS	10488
GIVING RISE TO THE ABOVE CAUSE DUE TO CREBTAL T	NIADET	MAS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Iarm, Tectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or to	
2Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive of 22.2, 19, and that death occurrence of the control of the contr	ed at	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	LY OR CREMATORY LOCATION	(City, town, or couply) (S/ote)
REMOVAL (SPECIFY)		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /
DATE DATE	West Fin Some 1	129 A Caroline St

いんこうたの Bal Timore JUANJAIT, 34RS 105 Fair banks &T ROHTEH BOKS December 23, 61 Jee Jones Mare Col. W, downed MARCH4,1876 85 9 17 7 Farmer Farm Winsbor, S.C. 4.3.
ee Jones Marrage Jackson Jee Jenes RESC B. ERWAN 105 Fainbanks Zouys AREMIA ARTERIO SEKROSIS 10.485 Cerebral IN/121 2/40)

See 23, 61, 09 Well

enuncesy 23. Kesers, 61
Proceed the Mark Paris Co

Section The Person

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13590 FOR STATE Reg. Did. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY BALTIMORE O. STATE MARYTAND b. COUNTY BALTIMORE Heolth, MARYLAND b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 40 yau rd o (RURAL)BALTIMORE ROSEDAIE ROSEDALE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Baar ON A FARM? 1436 RUSTIC AV YES TI NOT 0 6 NAME OF Ö Middle 4. DATE Month Yeor DECEASED (Type or print) Mildred DEATH 19 61 Jones Dec 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) female negro 12 Sept 1911 Months Days Hours | Min. WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 11.3.A. Housevile- Comerly 13. FATHER'S NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: undet Hypertensive Cardio Vascular Disease IMMEDIATE CAUSE (o) DUE TO Athersclerosis and hypertension Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO P YES T 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) factory, street, office bldg., etc.) White o. m. Not while 3 of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry XI. DIRECTOR: opinian death resulted from: Natural causes & Accident ... Suicide . Homicide | Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER al **EXAMINER'S** John C Hyle PE DEPUTY MEDICAL EXAMINER 121 NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Baltimore national 40 23. EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR! 246. REGISTRAR'S SIGNATURE 1000 VS. ATSME Ching & Kraue 5M 2/57 DATE

TO THE RESIDENCE OF THE PARTY OF THE PARTY.

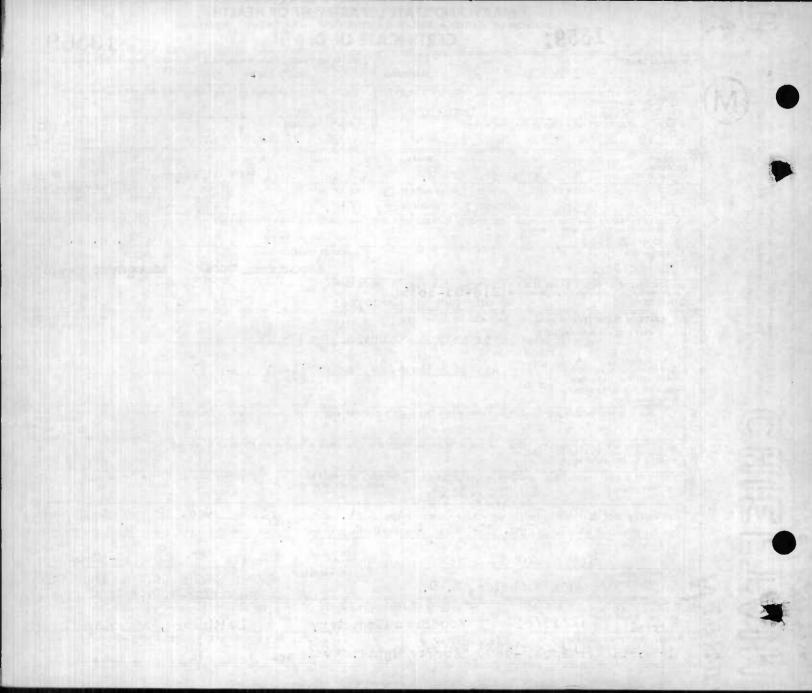
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH D. COUNTY	Baltimore		MARYLA	11 0	STATE Mary		d lived. If institut b. COUNTY		nce before	admission)
k	RURAL ond give ne	-	s, write	c. LENGTH OF STAY IN	11b c	. CITY OR TOWN (IF	outside corpo	rote limits, write	RURAL ond	give near	est town)
_	Catonsvil			1mth21dys		Baltimore			SV	01.	<i></i>
	SPRING GR	AL (If not in hospitol, gi ROVE STATE	-	PITAL		d. STREET ADDRESS 3025 Win	dsor A	venue		e	ON A FARM? YES NO
[NAME OF DECEASED (Type or print)	Firs Will		Middle	т.	last	4. DATE OF DEATH	Mo		Doy	Year
_	SEX	11 000		H.	1	ones TE OF BIRTH		9. AGE (In years	1	R I YEAR	19 6] F UNDER 24 HR
	-			ED NEVER MARRIED			007	tost birthdoy)	Months	Days	Hours Min.
Ē	male	white	WIDOWE			Feb. 13, 1	97	(O yrs			
٦.	during most of work	ing life, even if retired)	one 10b. k	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole		ountry)		. S.	WHAT COUNTRY
_	FATHER'S NAME	, 001			14.	MOTHER'S MAIDEN			Ann		.rx. •
	Thomas Jo	nes				Mossess:	estavi	CATAGO 7			T1
		R IN U. S. ARMED FOR	250 114 6	OCIAL SECURITY NO	17. INFORM	- 69	AAAX A		dress	er-er	Taylor
Yes		(If yes, give wor or dates of se	rvice) ZI	8-03-8635 nknown	Record		G GRO			SPITA	\L
		TH Enter only one country was Caused BY: IMMEDIATE CAUSE (o) DUE TO		e for (o), (b), ond (c).] ronary thro	mbosi	S				ONSE	YAL BETWEEN T AND DEATH
	PART I. DEA 420 Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate the under- (c)	Co		sis,	generalize		E CONDITION GI	VEN IN PA	ONSE	T AND DEATH . WAS AUTOPS' PERFORMED?
CERILLI	PART I. DEA 420 Conditions, if or gove rise to ir couse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediote the under: (c) IER SIGNIFICANT CONE SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Ar DITIONS CO 20b. DESC r 20d. IN While	oronary throsteriosclero ontributing to Deat RIBE HOW INJURY OCCU UNITY OCCURRED Not while	H BUT NOT	generalize	Port I or Por			ONSE	T AND DEATH
MEDICAL CERTIFICATION	PART I. DEA 420 Conditions, if or gove rise to ir couse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m. p. m.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO The mediate the under- DUE TO (c) IER SIGNIFICANT CONE (S UNDERLYING CONE CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 19	Arr DITIONS CO	oronary throsteriosclero ontributing to Deat RIBE HOW INJURY OCCURRED Not while of work	H BUT NOT	generalize RELATED TO THE TERM ter noture of injury in FINJURY (Home, for instreet, office bldg., et accurred at ATTENDING	Port I or Por	or town)	2, 19_ nd an th	ONSE RT 1(o) 19 (County)	WAS AUTOPS: PERFORMED? YES NO (Stot) It (I) (we) la stated abave 22b. DATE
MEDICAL CERTIFI	PART I. DEA' 420 Conditions, if or gove rise to ir couse (o), stoting tying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m. 21. I certify tha saw the deceas	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO TO THE MEDIATE CAUSE (o) DUE TO THE UNDERLYING TO THE CAUSE OF DEATH MEDICAL EXAMINER) THE CAUSE OF DEATH MEDICAL EXAMINER TO THE CAUSE OF DEATH TO THE CA	Arr DITIONS CO 20b. DESC 20d. IN While of work attended C. 1.	oronary throsteriosclero ontributing to Deat RIBE HOW INJURY OCCURRED Not while of work ed the deceased fi	H BUT NOT CURRED. (En Oe. PLACE Co foctory, ram. QC hat death M.D.	generalize RELATED TO THE TERM ther noture of injury in SF INJURY (Home, for street, office bldg., et accurred of accurred of accurred of phys. ATTENDING Phys. 22d. ADDRESS C	Port I or Por m, 20f. (City c.) 61, ta M, fram AED. PRING	or town) Dec 1 the causes a	2_, 19_nd an th	(County) (County) (County) (County) (County) (County)	WAS AUTOPS: PERFORMED? YES NO (Stot) It (I) (we) la stated abave 22b. DATE

TO HOSPITAL OR ATAMBING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dead a magnetic remained by haspital an attending physician.

TO PARAL DIRECTOX: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 13592

a. COUNTY			ICE (Whera dacaased livad, If institution	n: Rasidance bafore admission)
Baltimore	MARYLAND	a. STATE Maryland	b. COUNTY	_ /
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporata limits, write RURAL	and giva nearast town)
Fort Howard	2 Days	Baltimor	e 18	3 VO1-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		a. IS RESIDENCE
Veterans Administration	Hospital	2711 The	Alameda	YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Yaar
(Typa or print) RAYMOND	E.	KEARNEY	Decemb	er 18 1961
5. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In yaars IF UNDE	
Male White WIDOW		October 5,1	last birthday) Months	
	KIND OF BUSINESS OR INDUST			CITIZEN OF WHAT COUNTRY?
dona during most of working life, aven if ratirad)	Construction			
Field Office Superinten+	Comperaction	14. MOTHER'S MAIDEN	, Maryland	U. S. A.
James Francis Kearney		Marcella A	. Cain	
(Yas, no, or unkown) (Ifyasgive war or dates of sarvice)	S. SOCIAL SECURITY NO. C1	inical Recor	ds, VAH, FORT HOWAR Maryland	D DIVISION
	17-05-0146 Ba	ltimore 18,	Maryland	
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	GESTIVE HEART F	AILURE		2 Weeks+
420-0 DUE TO				A BUSINESS
Conditions, if eny, which	ERIOSCLEROTIC H	EART DISEASE		7 Years
gava rise to immadiate causa				
(a), stating the underlying cause last.				
	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY
1. Chronic obstructive	Emphysema			YES NO X
2Da. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURE). (Enter natura of injury in	Part I or Part II of itam 18.)	110 11 110 111
PART II. OTHER SIGNIFICANT CONDITIONS CO. 1. Chronic obstructive 2Da. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	I. INJURY OCCURRED 200, PLA	ACE OF INJURY (Home, far	m, 20f. (City or town) (C	County) (Stata)
Hour a.m. Wh	ileNot Whila fac	tory, straat, offica bldg., at-		(4,622)
	ork at work			
21. I certify that (this hospital) atte				
saw the deceased alive onDec1	31961., and tha	t death occured at		
22a. SIGNATURE		ATTENDING	MED. STAFF	22b. DATE SIGNED
(J. 1) / albert of	m12 1	1.0.	DIRECTOR PHYS.	12/18/6
226 PHYSICIAN'S		22d. ADDRESS		
JOHN D. TALBERT, Acting	Chief, Medical	Service, VAH,	Baltimore 18, Md., F	t. Howard Divis
30. BURIAL, CREMATION, 235. BATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or con	
Burial 12/21/61	New Cathedra	al Cemetery	Baltimore	Maryland_
24 FUNERAL SIANORE PONATURE	ADDRESS		C'D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
enry SXXXXXXXX & Sons, Inc.	North & Broadw	ay Ave. pec	21 '61	4
y	Baltimore.	Md .		THE STATE OF THE S

the month of the page of the p The Broad Act of the Body Const. A CHARLES CONTRACT Little Service Separating - Commitment on the State of th BOTTLAND OF THE STANDARD THE THE PARTY OF TH

Marcoll and Coursell.

medical evident elo samount.

100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13593 CERTIFICA

CERTIFICATE OF DEATH

Reg. Dist. 13571

_													
1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MAR	YLAND	2. USUAL RESIDI o. SIATE Mary	land	ere deceased	h COUNTY	ion: Residence		admissio	on)
	RURAL and give ne		ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	OWN (If or		rote limits, write l			t town)	
	Dundal			6 years		Dunda							
	OR INSTITUTION	AL (If not in hospital, g		address)		d. STREET AD						ON A	FARM?
_			nue			IN T808	Homb		Avenue			E2 []	NO 🌋
3.	NAME OF DECEASED (Type or print)	EVA.	st	Middl	e	KELLEY		4. DATE OF DEATH	Demen	_	Doy 12		eor 961
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🗖	B. DATE OF BIRTH			9. AGE (In years	IF UNDER	I YEAR IF	UNDER	24 HRS.
	Female	White	WIDOW			Februar	y 11	.,189	lost birthdoy)	Months	Doys H	lours	Min.
10	during most of work	ON (Give kind of work a	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CIT	ZEN OF	WHAT (COUNTRY?
	Housew			Own Home		Mary	land			TI	.S.A	TA	
13	FATHER'S NAME			THE TRAINE		14. MOTHER'S						•	
	Co	nrad Krai	ıs			Bar	bara	Ku	pfrian				
		R IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17.	INFORMANT				dress			
111	No	(If yes, give war or dates of s	ervicaj	None	Mr	cs. Hele	n Ca	mpbe	11 1808	Hom	be rg	Av	re.
		TH [Enter only one co	use per li	ne for (o), (b), and (c).]	P1					INTERV		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ures	ne	a					ONSE	A110	DEATH!
	422.2	DUE TO	11		2	'1	0-1	-	117	1.			
	Conditions, if or	ny, which) (b	, A	nonce	-10	Lyocar	dell	1 111	ell ta	Meno	1	5~	122
	gove rise to in cause (a), stating	mmediate (//						0	1
	lying cause lost.	line under-	1		200								
NO	PART II. OTH	ER SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT	T NOT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GI	VEN IN PART			
AT												PERFOR ES 🗀	NO 🗍
CERTIFICATION	20a, ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY	DCCURRE	ED. (Enter noture of	injury in P	Port I or Port	II of item 18.)				2
	20c. TIME OF INJUR		- 204 1	NJURY OCCURRED	20a PI	LACE OF INJURY 1H		Tank (Cit.		40			454
MEDICAL	Hour o. m.		While	Not while	fo	octory, street, office	bldg., etc.) 201. (City	or town)	10	County)		(Stote)
ME	p. m.	19	of wor	k ot work			/	10	,	- /			
	21. I certify th	at Lattended the	deceas	ed from	200	19.57	to	yee	12/196	that I	last saw	the c	deceased
	alive an	Vec 10	. 19	of and tha	t death	n occurred at.	10:15	5 Affron	the causes	and an th	ne date	state	d ahave
		-112		, ,		1.			reet, pity or town		7		TE SIGNED
	ACTUAL	MAN	or	reson		M.D. 3 KL	ust	up,	Dun	Jask		131	War !
	PHYSICIAN'S NAME (Type)	N. H. M	or	risor	7 .			1					
22	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEA	AETERY C	OR CREMATORY		22d. LOCAT	ION (City, Iown,	or county)		(Stote)
E	URENT (Specify)	12-15-19	61	Sacred H	Hear	t of Je	sus	Germ	nan Hil	1 Rd	Mo	3 .	
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240 REC'E	BY REGIST	RAR 24b REG	ISTRAR'S SIC			-
J	OHN J. D	UDA 7922	Wise	Ave. 22) N	id:	DATEDEC	1 4 '6	1 0	Chur S.	Thousa		

ours after death. Page 4 ITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 refained by the hospital or attending physician. RAL DIRECTOR: After this certificate has been signed by the ottending physician and committee.

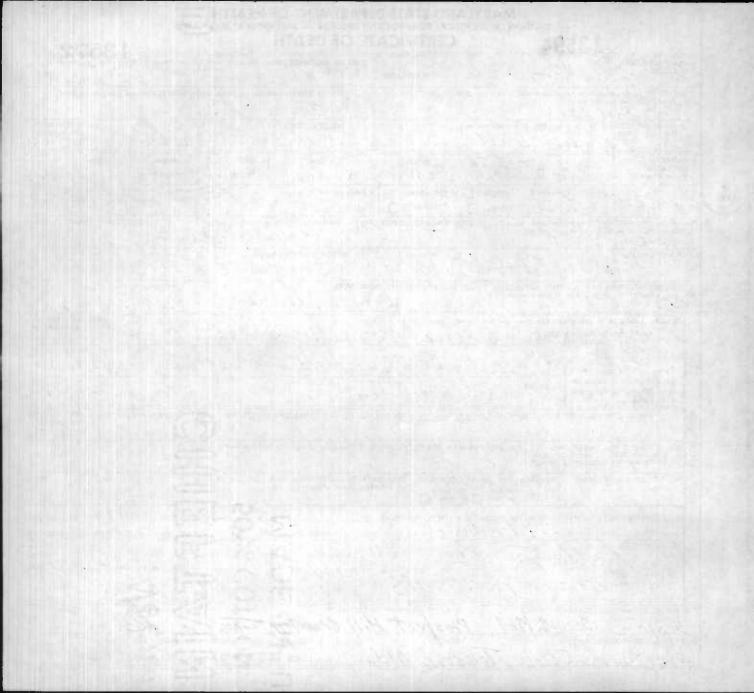
n by the funeral director,

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) 200 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? erro al YES NO errac NAME OF 4. DATE Middle Last Month √eor DECEASED ear DEATH in 72 hours after death (Type or print) 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months Days Hours DIVORCED WIDOWED DE 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired) Lanswir 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).} PART I. DEATH WAS CAUSED BY: Mus W4 **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-Har lying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY crematian, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work prior 19.55 21. I certify that (I) (this haspital) attended the deceased fram..... of Health 119 saw the deceased alive an and that death accurred at TM, fram the causes and an the date stated abave. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. PHYS. M.D. Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) State 23b. DATE THEREOF 23d. LOCATION (City, lown, or count 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRES! 250 REC'D BY REGISTRAR DATE DEC 2 9 '61 Cathar & Hours

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MARYLAND STATE DEPARTMENT OF HEALTH



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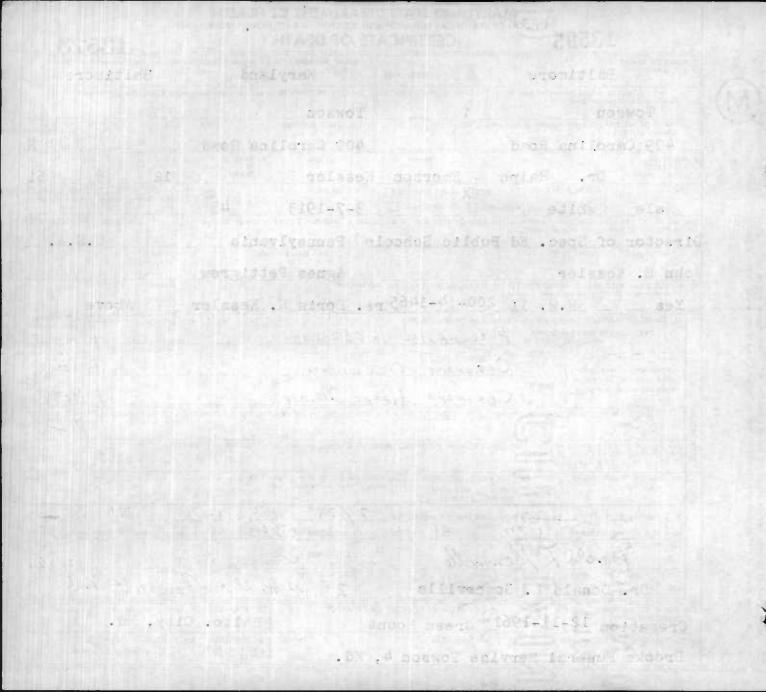
TO HOSPITAL OR NDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after the retained by the state of the state

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13573

1. PLACE OF DE o. COUNTY	Baltimo	re	MARYLAND		NCE (Where decease aryland	ed lived. If institution b. COUNTY			n)
RURAL ond	OWN (If autside carporal I give nearest tawn)	te limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	porote limits, write R	URAL and give ne	arest town)	
OR INSTITU			address)	d. STREET ADD	- 1			e. IS RESTO	FARM?
	Carolina	Road		1 409 Car	rolina F	Road		YES 🗌	NO M
3. NAME OF DECEASED		First	Middle	Lost	4. DATE OF	Mon	ith De	y Ye	ear
(Type or print	Dr.	Ralph	Emerson	Kessler	DEAT	1.	~ ~		9 61
5. SEX	6. COLOR OR	RACE 7. MARR	IED X NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months Days	1	
Male	White	WIDOWE	D DIVORCED	3-7-191	13	48 yrs.	Months Days	Hours	Min.
100. USUAL OCC	CUPATION (Give kind of of working life, even if	work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLAC	E (State or foreign	cauntry)	12. CITIZEN O	F WHAT CO	DUNTRY?
Directo	or of Spec		ublic Schoo	1s Penns	ylvania AIDEN NAME		U	.S.A	•
John E.	Kessler			Agnes	Pettig	rew			
15. WAS DECEAS	SED EVER IN U. S. ARMEI		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		- 1
Yes, no, or unknown	(If yes, give war or do	TT 2	00-14-1465g	rs. Dorts	K. Kes	ssler	Abov	e	
	OF DEATH [Enter only of						tN1	ERVAL BET	
100	T I. DEATH WAS CAUSED	BY: M	YOCARDIAL I	NEARCTIO	~		ON	SET AND D	DEATH
//		UE TO		10 1 111					
Condition	ns, if ony, which)	Co	RONARY O	CLUSION			1	HOL	100
gave rise	e to immediate	(b) O		20037010		VI GO DO			
lying cous	stating the under-	6 Co	RONARY HA	ART DUEN	SE		1	YEX	3TC
Z PART	II. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO TI	HE TERMINAL DISEA	ASE CONDITION GIV	VEN IN PART 1(0)	19. WAS A	UTOPSY
CATIC								PERFOR YES 1	SWEDS
	ENT WAS UNDERLYING BUTING CAUSE OF D NOTIFY MEDICAL EXAMI	EATH NER)	CRIBE HOW INJURY OCCURI	RED. (Enter noture at i	njury in Port I or P	art II of item 18.)			
20c. TIME OI Hour		y, Year 20d. In While of wark	Nat while	PLACE OF INJURY (Ho factory, street, office b		ity or town)	(Caunty)	(Stote)
21. I certi	fy that (I) (this has	pital) attend	ed the deceased from	2/25	, 1954. to	12/8	1961, 1	hat (I) (w	iast
saw the o	deceased alive on_	12/7	19_6 / , and that	death occurred	a6 30 AV From	n the causes ar	nd on the dat	e stated	above.
22o. SIGNA	Daralo Z	Some		ATTENDING	MED.	STAFF			DATE
22c. PHYSIC NAME D:	IAN'S (Type) Donald	L. Son	erville	22d. ADDRESS 2 5 1		ve · Lou	sent!	ma.	961
23a. BURIAL, CR REMOVAL (Crema		HEREOF 1-1961	Green Mou			ATION (City, town,		(Stote)
	RECTOR'S SIGNATURE	12/2017	ADDRESS		50. REC'D BY REG	4 4	STRAR'S SIGNAT		
Brook	s Funeral	Servi	ce Towson 4	, Md.	DEC 1	1 '61	Chillian S. T	ralla	



MARYLAND STATE DEPARTMENT OF HEALTH

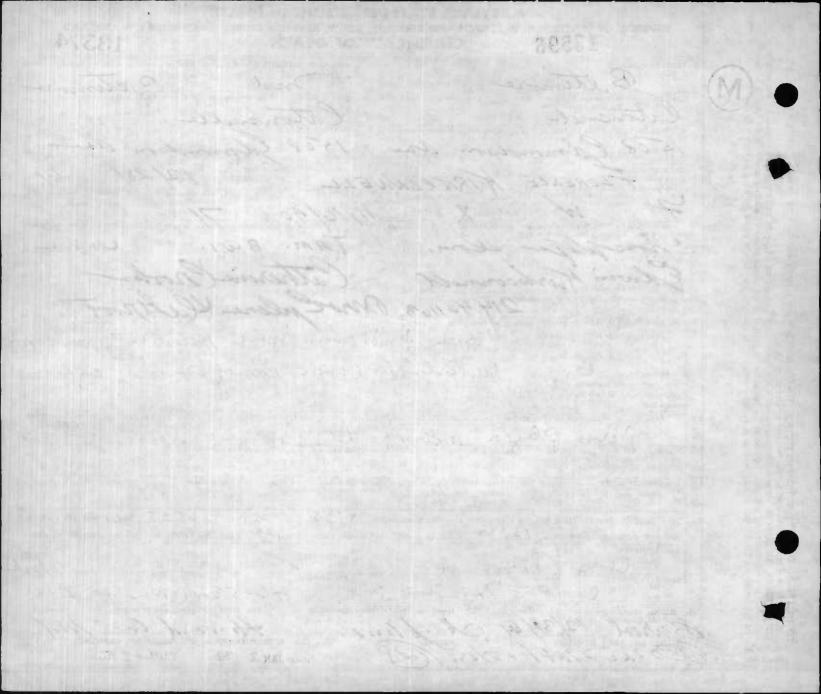
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13574

\	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
A	a. COUNTY B. Office Age	a. STATE b. COUNTY
	b. CITYOR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	g. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
/	write RUBAL and give nearest town)	C. CIT OK TOWN (II OUISION COSPOSAS HINITS, WHITE KOKAL AND GIVE HEALTH TOWN)
,	Ratonsville	1 Catonsulla
X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Ħ	1508 Edmondson Une	1508 Amondson ares NO
1	3. NAME OF First Middle	Last 4. DATE Month Day Year OF
5/	(Type or print) LORENCE KIRKPONIN	15-14 DEATH 12/28/ 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	11/16/90 lest birthday) Months Days Hours Min.
777	10a. USUAL OCCUPATION (Giva kind of work dona during post of working life, ayen if retirad)	RY 11. BIRTAPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	and le Vom	JAM. BWI. U.S.a.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		North of
	Cawin A irreconnell	(alperine (Nortes
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give war or datas of sarving)	INFORMANT Address
	214 40 1163 0	Northere Kattroot
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Inous Some he to the come (house
	1 1 11	office copper
	DUE TO MALE TO	000000000000000000000000000000000000000
	Conditions, if any, which (b) Med Castlinal	Corac Rosself Ought Linkrow
	gave rise to immediata causa (a), stating tha underlying DUE TO	
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	Dan Oliver	PERFORMED?
	20a, ACCIDINT WAS UNDERLYING TO LOOK, DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in Part II or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	D. Ithrer nature of injury in rem i of rem is.)
	<u> </u>	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	Hour a.m. Whila Not Whila Tack Not Whila No	inity, strati, office biog., arc.)
		9/23 1057 10 1/25 10/14 10/14
		3/23, 1957, to 2/25, 1961, that (I) (we) last
70		t death occured at.1.2.M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Cerr Lacins A.	M.D. PHYS. DIRECTOR PHYS. []
,	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (Type) CLIFF RATLIFF 5	4605EDMENDSON AVE.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify) 10/21/61 11	1111-71
	Dund 12/1/10/ XX /12	The state of the s
-	24 SUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10	Man / (XS	DATE JAN 2 '62 arthur S. Kraus

TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be execused within 24 is airer dead. Page 4 may retained by the hospital or attending physician.

TO I MERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deam.

VR A15 (4) 15M 9/60



FOR STATE HEALTH DEPT.

X

TO DEPUTY MEDIC MEXAMINER: This certificate should be executed within 24 hours after death. If any yeldy is necessar release execute the certiful writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to 1/4 neeral direct organization of the control of the control of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be scalared for your messages TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13597MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			4	0	p	-	_
leg.	Dist.	No.		3	$\overline{}$	1	

PLACE OF DEATH	2-16-5	0	2. USUAL RESIDENCE	(Where deceased live		ence before admission)
	altimore	, CO , MARYLAND	O. STATE INV	d	6. COUNTY BA	Himore
b. CITY OR TOWN (I	f outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carporate	limits, write RURAL an	d give nearest town)
- () ()	more	Life.	X Balti	more.		
	AL OR INSTITUTION (If not in h	hospital, give street oddress)	d. STREET ADDRESS	1		e. IS RESIDENCE
			1 424	1/1/0	in Ave	YES NO
3. NAME OF	/ First	Middle	, Last	4. DATE	Month	Day Year
(Type or print)	Louis		Hein	OF DEATH	12	28 196/
5. SEX	6. COLOR OR RACE 7- MAR	RRIED X NEVER MARRIED B	DATE OF BIRTH	9. AC	E (In years IF UNDER	TYEAR IF UNDER 24 HRS.
MAle	White WIDOW	WED DIVORCED	8-16-1	881 8	birthday) Manths yrs.	Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dane 10b	. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Slot	e or foreign country	12. CIT	IZEN OF WHAT COUNTRY?
1111	ine opr		Baltin	ore Co	md.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	1	
Chi	rles Klei	'n	Flizab	orb H	offster	4cr
		16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
[Yes, no, or unknown]	(If yes, give war or dates of service)	2120-9889 M	rs. Fried	a Mein	424/1	Mein auch
18. CAUSE OF DEA	TH Enter only one cause per lin	ne far (a), (b), and (c).]	1			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Myscordent	Drifaret	ron		aci fice.
4	O DUE TO	9	- · /d 0	9	1 C A	1
Canditions, if a		there school	ue Condu	N. Vosca	den Dis.	unde,
gave rise to imme	diate couse					
(a), stating the						
	J (c)	CONTRIBUTING TO DEATH BUT	LOT BELLYED TO THE YEAR	White Distance con	DITION CUITNING	
PART II. OT	TER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RECATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PA	PERFORMED?
200. EXTERNAL CAPRIMARY OF OF CAUSE OF DEATH.	USE WAS 20b. DESCR	RIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	ort t or Port II of iter	n 18.)	<u> </u>
-	THE COURT OF					
20c. TIME OF INJU	RY Manth, Day, Year 20a		CE OF INJURY (Hame, for		wn) (Co	unty) (State)
Hour o.m.		hile Not while fact	ary, street, affice bldg., et	c.)		
		e remoins described obc	ve held on Auton	sy 🗍 Inspec	tion 7. Inqui	ry . ond in my
	resulted from: Noturo			framed		
opinion debin	resulted from: Notoro	couses , Accident	, Suicide [,	Homicide	Undetermined	monner [_]
ACTUAL	March 1	1.10				DATE SIGNED
SIGNATURE	ALMIT !	794	M.D. CHIEF MEDICAL			_ 1
EXAMINER'S NAME (Type)	()JOHN	e. 1441e	DEPUTY MEDICAL	CAL EXAMINER LEXAMINER	17	-28-61
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	City, town, or county)	(State)
REMOVAL (Specify	12-30-1961	Parkwood Cem	eterv	Baltimo	re	Md
23. FUNERAL DIRECTOR		ADDRESS	24o. REC	'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
7	1/11	741, DO ' D	A DATE D	EC 2 9 '61	Curius S.	
Labaran	man municipal	THE WORLD IN	JON DAIL		1	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 13576 CERTIFICATE OF DEATH 13599 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lifed. If institution: Residence before admission) a. COUNTY ed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corperate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits) write RURAL and give nearest town) RURAL and give nearest fown) 0 d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO NAME OF First Middle DATE Last Manth Vegr DECEASED DEATH (Type or print) seguler 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OF 7. MARRIED NEVER MARRIED 84 DATE OF BIRTH Months Days Hours after DIVORCED | WIDOWED [paper 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired) PMD/00 and 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 500 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO or or dates of service) CAUSE OF DEATH [Enter only one couse per jinge far (a), (b), and (c).] INTERVAL BETWEEN ONSET. AND DE à PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if any, which removal gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Haur a.m. While Not while ot work at work p. m. 21. I certify that (1) (this hospital) ottended the deceased from Illiana 11962/ Clarelle 18 1961, that (1) (was last to ed , and that death occurred a 55 MM, from the couses and on the date stated above. saw the deceosed olive on the 220, SIGNATURE 22b/DATE MED.

22c. PHYSICIAN'S NAME (Type)

PHYS. M.D.

22d. ADDRESS

(State)

23g, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) SurIA

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, toyn, or county)

PHYS.

Allo MAKU 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25g. REC'D BY REGISTRAR DATE DEC 2 1

Contrar S. Fines

VR A15 (4) 15M 9/59

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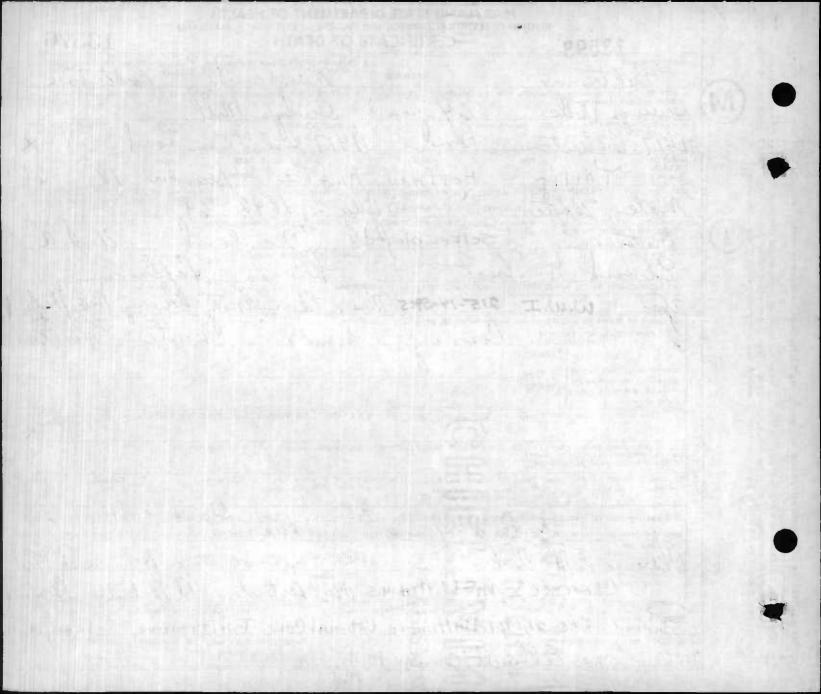
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13599
CERTIFICATE OF DEATH
13577

1. PLACE OF DEATH a. COUNTY		CE (Where decessed lived, If		ca before admission)
Bal timore MARYLAND	a. STATE	land b. coun	Ba Hi	2000
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)		f outside corporete limits, write	RURAL and give	nearest town)
Fort Howard 23 days	X Baltimore	7		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	3706 Ceda			YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE Month		Yeer
(Type or print) PETER E.	KNIGHT	DEATH Decembe	er 29	1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male White WIDOWED DIVORCED KX	5/21/19	last birthdey) 12 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stete, or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
done during most of working life, even if retired) Truck Driver Trucking	Courtland,	V2	U.S.A	
13. FATHER'S NAME	14. MOTHER'S MAIDEN		1 0.D.A	•
Peter E. Knight	Lelia Br	vant.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I			VA Host	ital
		Maryland - FOF		
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1011101010	inity initial 101		ERVAL BETWEEN
AARTA BEATH WAS CALIED BY	NOMA WITH ME	MA CMA CTC		ISET AND DEATH
IMMEDIATE CAUSE (a) DRONOFIOGEN LO GALTOL	NOTA WITH ME	TADTADID		months
16 3 MONTO				
Conditions, if any, which) [b] PNEUMONIA			2	Days
gave rise to immediate cause (e), stating the underlying DUE TO				
causa lasi. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e)	9. WAS AUTOPSY PERFORMED?
JIL VIII VIII VIII VIII VIII VIII VIII V				YES TO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURED OR CONTRIBUTING TO CAUSE OF DEATH CORRECT OR CONTRIBUTING TO DEATH BUT NO COURED OF CONTRIBUTING TO DEATH BUT NO COURED OF CONTRIBUTING TO DEATH BUT NO COURED OF CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTION	(Enter neture of injury in	Pert I or Pert II of itam 18.)		
	CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County)	(Stete)
21. I certify that M (this hospital) attended the deceased from	Dec. 6	1961. to Dec. 29	19.67	hat XI) (we) last
saw the deceased alive on Doc 29 19.61 and that				
22e. SIGNATURE	dodin occaroa anno	•	Olio Oli Illo O	22b. DATE
Lynn A Charles		AED. STAFF	70/	30/61 SIGNED
226, PHYSICIAN'S	22d. ADDRESS	THE LA	14/,	00/01
NAME (Type) PAUL BORMEL, M.D.		18, Md - Ft Ho	mard Div	i si on
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City, to		(State)
REMOVAL (Specify) 1/2/62		Liberty Road		
Bijija] 1/2/02 Lake View Hen	IUI A 25ª DEC	TELEGISTRAP 255 DE	GISTRAR'S SIGNA	THRE
24 FUNERAL DIRECTOR'S SIGNATURE LAPONES Liberty	Hts.Ave.	D BY REGISTRAR 256. REG	Thurs S. Than	
Ellsworth Armacost Funeral Home Balto, Mo	DATE	TO UZ CIA	must d. That	LA .

the funeral and death. Page 4 se retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a sector, page 3 should be detached for use as the burial-transit permit. Then please remove sector papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exact, within 72 hours afforced. TO HOSPITAL death. Page 4 FUNERAL I VR A15 (4) 15M 9/60

SYXIL . W. Labertaner THE TOOL OF THE STATE OF THE PARTY OF THE PA 中国的 经经验之一 3 ,所有是所以的

FOR STATE plead execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hafifth.

or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEAT	RCH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMO	DRE 1, MARYLAND
13600 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	13578

PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY				
Baltimore County. MARYLAND	Maryland Baltimore Co.				
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)				
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)	Texas d. STREET ADDRESS e. IS RESIDENCE				
	ON A FARM?				
Church Lane 3. NAME OF First Middle	Church Lane YES NO				
DECEASED	OF				
(Type or print) CHARLES WINFIELD	KONE DEATH December 21 19 61				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.				
	1AR. 15, 1959 2 yrs. 100115				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
BABY AT HOME	MARYL AND USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
GREGG KONE	BEATRICE URBIN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (lifyesgivewerordetesofservice)	NFORMANT Address				
- F	AMILY RECORDS				
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary Congestion & Edema ONSET AND DEATH					
422,2 DUE TO	ii o. sciona				
	phy with Myocardial Failure				
geve rise to immediate cause [phy with hydeardial rations				
(e), steling the underlying DUE TO					
Z cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY				
PAKI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?				
3	YES X NO •				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter neture of injury in Pert f or Pert II of item 18.)				
Hour a.m. WhileNot While fect	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)				
21. I certify that I took charge of the remains described above, he	Id an Autopsy X, Inspection , Inquiry , and in my opinion				
death resulted from: Natural causes X. Accident . Suic	ide, Homicide, Undetermined manner				
1/1/1/1/1/	CHIEF MEDICAL EXAMINER				
SIGNATURE //word . Ment	M.D. ASSISTANT MEDICAL EXAMINER X				
	DEPUTY MEDICAL EXAMINER				
EXAMINER'S / NAME (Type) HOWARD C SHAIR M D	Address (Street, city, town, or county) 12/21/61				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country) (State)				
BURIAL DEC. 23,1961 SHERWOOD	CEMETERY COCKEYSUILE, MD,				
23. FUNERAL DIRECTOR ADDRESS	TO DECIDEN PROJETS AND DECISES AND CHOMATINE				
John Burne Low Town Mr.	DEC 2 9 '61				
They bearing Hours I someth home	T DAIL				

Telephone de la contra el-BARY SYSTEM AND STREET RESTAILE VEELS THOSY REDERES was Shire was formed the

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, FOR STATE 2302 12/18/61 jwli-|| 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 3808 Byfield Avenue YES NO 3808 Byfield Avenue 3. NAME OF Middle 4. DATE Day Year DECEASED OF the (Type or print) HELEN MARY KRAMER DEATH 9 December 19 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED with 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit last birthday) Months Female White WIDOWED [DIVORCED 1, 2, a ige 5 and 72 ho 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) Home USA At Baltimore, Maryland Housewife pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eva Katzoff Harry Caplan 18. Giv 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (Ifyes give war or detes of service) permit. Kramer - 3808 Byfield Road Mr. Gilbert with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ing" in pencil in Ite sr's Office along was a burial-transit premoval, end in e ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congenital Heart Disease. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate ceuse "pending" DUE TO (e), steting the underlying 80 Examiner 20 cause last. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION writing the word " te Chief Medical Ex Page 3 should be u PERFORMED? cremat NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age to bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 While Not While Hour a.m forwarded to the CL DIRECTOR: Paraged agent, prior to at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Homicide Undetermined manner Natural causes X Accident Suicide death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 12/10/61 EXAMINER'S FUNE its desi Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) 22e. BURIAL, CREMATION, REMOVAL (Specify) 240 g 11/61 Burial Hebrew Young Men Woodlawn, Maryland ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME ol. Levinson & Bros. Inv 6010 Reist Road DATE DEC 1 4'61 Linua S. Thomas SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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Stop is to BUILD HOTE Tikenville office will Same and the state of the same 9008 Syrield Avenue nedia ond THAN. Female Milto we manuscript econfulci Convenient Reare Vincago. 10/01/91 Charles S. Peops, M.D.

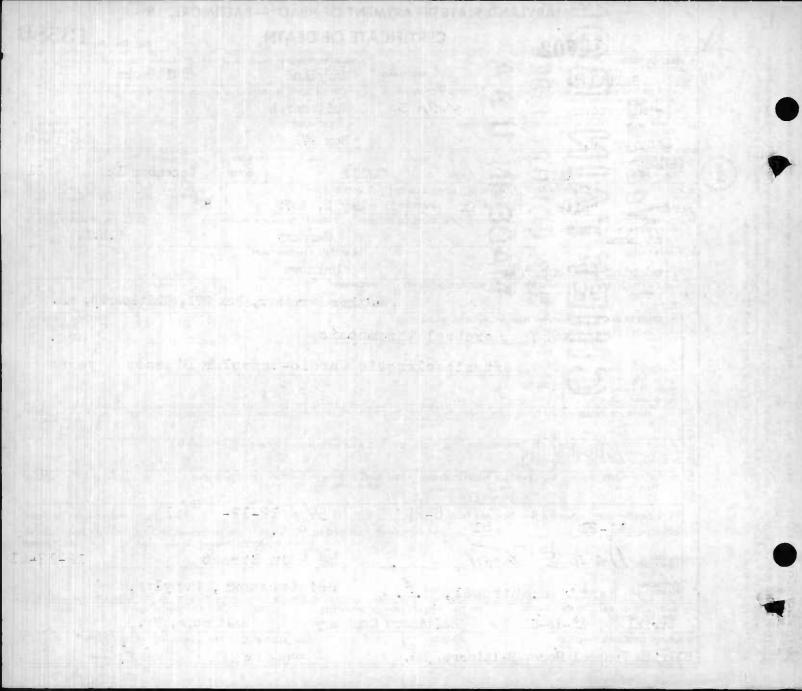
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may fretoined the hospital or attending physicion. FULL RAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with he registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.		1	
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regis			
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VS A15 (4)

15M 9/5B

		13602		CLKIII	CA	LOIL	LAII			Reg. Dist.	No.	000
	CE OF DEATH COUNTY Balt:	imore		MARYLA	11	"Maryl	ence (whe	ere deceosed	lived. If institution b. County		before admiss	sion)
R	CITY OR TOWN (IF URAL and give ne Reisters		ts, write	c. LENGTH OF STAY IN			rown (If o	100	ate limits, write R	URAL ond give	nearest town	n)
d. N		AL (If not in hospital, g	ive street o			d. STREET A Box 9	DDRESS				ONA	SIDENCE A FARM?
3. NA	ME OF CEASED De or print)	Fir KATIE	st	Middle	KRAI	los VER	t	4. DATE OF DEATH	Decen	h ber 12		Yeor 19 61
5. SEX	ale	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		DATE OF BIRTH			9. AGE (In years last birthday) 82 yrs.	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
10a. U	SUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR		Y 11. BIRTHPL		or foreign co			S.A.	COUNTRY?
13. FAT	HER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
F	rederick	Nollenber	ger			Unkn	nown					
15. WA	S DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.		DRMANT		D	Addi		ah Ma	
	0				Ma'T.	tner Be	ercnne	er, Box	971, W			
18.		IH [Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE (o	α.	rebral Th	romb	odsis					interval be onset and 2 hrs	DEATH
g	422, Conditions, if or love rise to in ouse (o), stoting to ying couse last.	DUE TO	Art	erioscler	otic	c Card	.io-V	ascul	ar Dise	ase	year	, a
CERTIFICATION	PART II. OTH			ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(PERFC	AUTOPSY ORMED?
CERTIFI OD OD 50	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Enter noture o	f injury in P	Port I or Port	Il of item 1B.)			
MEDICAL 200	Hour o.m.	Month, Doy, Yeo	20d. IN While at work	Not while		E OF INJURY (ry, street, office			or town)	(Cou	nty)	(Stote)
AC SIC	TUAL MONATURE	artin E.	196	ed fram 8-20 21 , and that d	eath a	. 48	9 A. Main	Stre	the causes an	stote)	ate stated	
220. BL	JRIAL, CREMATION MOVAL (Specify) Durial	-		22c. NAME OF CEMET Baltimor					ION (City, town, timore, I		(Sto	te)
-	VERAL DIRECTOR'S			ADDRESS			240. REC'I	D BY REGISTI		STRAR'S SIGN.	ATURE	
נבט	rich Fun	eral Home,	Balt	imore, Md.			DATDEC	1 8 '61	ari	lun S. th	and	



9 and compress. Is carbon papers. I remove please affending physician. as been signed by the the burial-transit

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND 13603 OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporala limits, write RURAL and give neerest town) write RURAL and give nearest town) 1 day Fort Hoard Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital 133 E. Main St. YES NO 3. NAME OF 4. DATE DECEASED 1961 (Typa pr print) DEATH December KRIES FABTAN ELIGENE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even it retired) U.S.A. Hanover, Penna Odd Jobs Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Topper Henry Kries 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Recorded VAHOSpital (Yes, no, or unkown) | (Ifyes give war or detes of service) world war 1. 215-20-7940 Baltimore 18, Maryland - FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARTERIOSLEROTIC HEART DISEASE Unknown IMMEDIATE CAUSE (e) ARTERIOSCLEROSIS Unknown Conditions, if any, which (b) DUE TO

gave risa to immediate cause (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO TO

20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) factory, street, offica bldg., etc.) Not While While Hour a.m. et work at work 30 , 19 61, that (1) (we) last

19,61 to Dec. 19 61, and that death occured at M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a SIGNATURE 30/61 SIGNED ATTENDING STAFF

PHYS. 22c. PHYSICIAN'S NAME (Type) PAUL BORNEL. M.D.

PHYS. 22d. ADDRESS VAH Balto 18. Md. Fort Howard Division

DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOYAL (Specify) Maryland Westminster Leisters Cemetery

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Westminster, Markand DATE Mayers ulling & Three

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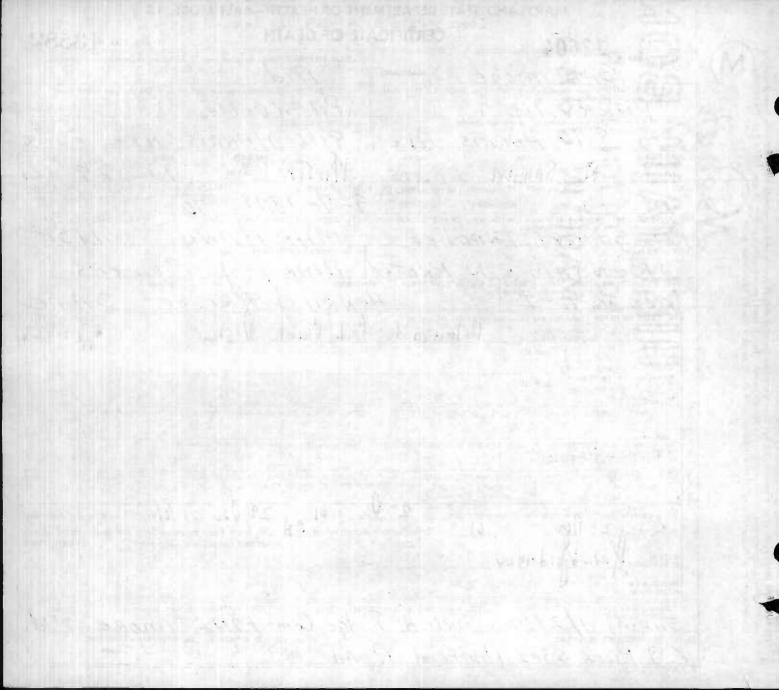
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CERTIFICATION

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CERTIFICATE OF DEATH Item Reg. Dist. N. 3582 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) T d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO 5 NAME OF Middle / Throtel OF DEATH First Month Doy Year DECEASED (Type or print) E 19 5. SEX pletely 6: COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Months Doys Hours DIVORCED [WIDOWED | YES. papers, 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Cam 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? wring most of working life, even if retired) and carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician PATOP 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATIST

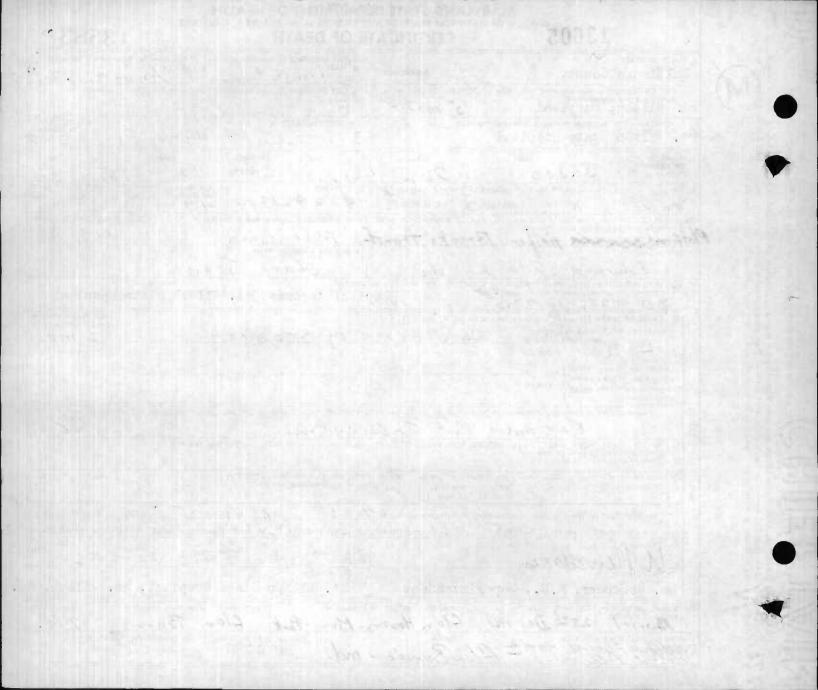
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PLACE OF DEATH	County	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE ARY	deceased lived. If institution: Residue b. COUNTY And	dence before admission) Ne Avunde!
b. CITY OR TOWN RURAL and give Wilson	(If outside corporate limits, write nearest town), Haryland	c. LENGTH OF STAY IN 16		e corporote limits, write RURAL or	
d. NAME OF HOSP Mt. OR INSTITUTION	State Hospital	t address)	d. STREET ADDRESS 3 St. Charles	Pl. Marley 1	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	Jacob	Oda	1	DATE Month OF DEATH /2 -	Day Year 25 196/
ma le	W WIDOV	VED DIVORCED	8. DATE OF BIRTH 9-29-19,	14 last birthday) Month	
at form & sob	ION (Give kind of work dane 10b rking life, even if retired)	18-00 Ks Trans		nd.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edu	rand Oda	Landis	14. MOTHER'S MATDEN NAME	Johns.	
15. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. HOS	spital Records,	Mt. Wilson Stat	e Hospital
	EATH [Enter only one cause per ATH WAS CAUSED 8Y:		a of Ston		INTERVAL BETWEEN ONSET AND DEATH
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	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	. While	En En	ACE OF INJURY (Home, farm, 20 ctory, street, office bldg., etc.)	Of. (City or town)	(Caunty) (State)
			7-26 1961 death occurred of [30,M,		
220. SIGNATURE	wome		M.D. PHYS. DIRECT	OR PHYS. /Z	22b. DATE SIGNED
	omer, M.D., Sup			tate Hospital,	
REMOVAL (Specif	76 - Dec. 196	6/en Hove-	Mem · Park	6/en Buzza	e Md.
24. FUNERAL DIRECTO SINGLETON	er's SIGNATURE	Plen Byrnie.	- md. DEC 2	REGISTRAR 256. REGISTRAR'S	

shauld O HOSPITAL OR KENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may retained he haspital or attending physician.
O FUR RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fifte, in by the page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sharthe State Baord of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR TO FU!

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Item 9 Fi 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY Catonsville, Md. b. COUNTY a. STATE Md. MARYLAND the 1 b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) filled in b Balto d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? St. Josephs Nursing Home, 3602 Harford Road. YES NO 3. NAME OF Middle Yeer DECEASED Dec 8,1961 Johanna A. Langhirt (Type or print) 19 and cor 9. AGE (In yeers | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH IF UNDER 24 HRS. Months female white WIDOWED X DIVORCED [physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life even if refired)
Housewife at home Baltimore. Md. U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Bertha Hilker #deceased aftending Henry Scheper-deceased 16. SOCIAL SECURITY NO | 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give we ror detes of service) Joseph C. Langhirt-son, 3024 Mayfield Ave none no 0 attending physician. as been signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit Conditions, il eny, which gava rise to immediate cause DUE TO (a), steting the underlying le has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) After this 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm,) 20f. (City or lown) (Counly) (Slata) Month, Dey, Year lectory, street, office bldg., etc. While Not While Hour a.m. et work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. ATTENDING 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF Belair Rd. 12/12/1961 Holy Redeemer 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) C. Schimunek 3331 Brehms Lane Orthun & Thomas 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5

CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm

Veterans Administration Hospital 1721 W. Joppa Road ON A F. TASHER J. NAME OF DECEASED GEORGE GEORGE S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED DIVORCED DIVORCED September 22,1931 September 22,1931 September 22,1931 Johnship Days Hours 19 Understream 19 19 65 September 22,1931 September 22,1931 Johnship Days Hours 19 Understream 19 Understrea			PLACE OF DEATH	USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) OSTATE D. COUNTY
Towson 4			MARILAND	
d. NAME OF HOSPITAL OR INSTITUTION (fine in hospital) d. STREET ADDRESS d. STREET ADDRESS veterans Administration Hospital 1721 W. Joppa Road veterans Administration Hospital veterans Administration			write RURAL and give negrest town	
Veterans Administration Hospital 1721 W. Joppa Road		-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
SECRET Company Compa				1721 W. Joppa Road YES NO X
S. SEK S. COLOR OR RACE T. MARRIED NEVER MARRIED S. DATE OF BIRTH S. DATE OF	1		DECEASED (Type os priet)	OF DEATH
Male White Widowed Divoced September 22,1931 30 yrs. Top. Usual Occupation (Give kind of work dene during most of working life, even if relired) Top. Kind of Business or Industry Top. Birthplace (County & Stale, or foreign country) 12. CITIZEN OF WHAT COLD Salesman Top. Sale	1	-	GEORGE R. L	ASHER December 19 1961
Male White Widoked Divoked September 22,1931 30 yrs. 10e. USUAL OCCUPATION (Give kind of work down with the work dow	1	Э.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
10b. USUAL OCCUPATION (Give kind of work define during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHEACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED EVER IN U. S. A. 15. WAS DECEASED EVER IN U. S. A. 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one-couse per line for (e), (b), end (e). 19. CAUSE OF DEATH [Enter only one-couse per line for (e), (b), end (e). 19. WAS AUTH METASTASES TO LUNGS 18. CAUSE OF DEATH [Enter only one-couse per line for (e), (b), end (e). 19. WAS AUTH METASTASES TO LUNGS 19. WAS AUTH METAS			Male White WIDOWED DIVORCED	
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Robert W. Lasher Cladys Justice				
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. Clinical Records, VAH, Baltimore 18, Maryland 18. CAUSE OF DEATH Enter only one couse per line for (e), (b), end (c). 19. CAUSE OF DEATH Enter only one couse per line for (e), (b), end (c). 19. CAUSE OF DEATH Enter only one couse per line for (e), (b), end (c). 19. CAUSE OF INJURY 19. WAS CAUSED BY: IMMEDIATE CAUSE (e) RETROPERITONEAL SARCOMA WITH METASTASES TO LUNGS, ONSE AND DEATH 19. WAS AUTHY 19. WAS AU		13.	FATHER'S NAME	
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21. I certify that (IX (this hospital) attended the deceased from Dec. 17		CERTIF	OR CONTRIBUTING 🗀 CAUSE OF DEATH	(Enter neture of injury in Peri I or Peri II of Item 18.)
21. I certify that (IX (this hospital) attended the deceased from Dec. 17		N.		
21. I certify that (IX (this hospital) attended the deceased from Dec. 17		EDI	Hour e.m.	ory, street, office bldg., etc.)
saw the deceased alive on Deco 19		×	P	77 - 12 7 - 10 - 11 1
ATTENDING MED. STAFF 12/2 22c. PHYSICIAN'S SEBASTIAN RUSSO, M.D. 23c. BURIAL (REACTION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Steelers)				3 • ()()
ATTENDING MED. STAFF 22c. PHYSICIAN'S SEBASTAN RUSSO, M.D. 23c. BURNAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete			saw the deceased alive on Dec. 19. 19.61., and that	death occured at.pM, from the causes and on the date stated above.
M.D. PHYS. DIRECTOR PHYS. 21/2 22c. PHYSICIAN'S SEBASIAN RUSSO, M.D. 23c. BURSO, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Steelers) (Steelers) (Steelers) (Steelers) (Steelers)			220. SIGNATURE	ATTENDING MED STAFF
SEBASIAN RUSSO, M.D. 230. BURNATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stetle County) (Stetle County)	1		delixium 100176	DIRECTOR DIVE TO
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete	1			
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete			SERASTAN RUSSO M.D.	WALL DATES 10 ND EMISSIAND DISTRICTOR
REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)		1		OR CREMATORY 1234 IOCATION (City town or county) (State)
		23e	REMOVAL (Specify)	Gardens Reltimore Maryland
Burial VEC. 22/176/ Dulaney Valley Memorial			111 / 10 1011	ey Memorial
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE		24	PUNISHAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns Sons Funeral Home Baltimore, Md. DATDEC 29'61 Cutlun S. Kraus	١.	-		

THOSPITAL RATIENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after the page by the hospital or attending physician.

CENNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

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MEDITAL DESIGNATE, BLES, BLES, BAY I

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DECIDENCE OF

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FOR STATE delay is ssary, uneral director. Page TO FULL INCAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is seary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Americal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages hand 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A1SME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13586

PLACE OF DEATH COUNTY		2. USUAL RESIDEN	CE (Where decaased	lived, If institution: R	esidence before ed	Imission)
Baltimore	MARYLAND	a. STATE Mary	land	b. countin	ore	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete lis	mits, write RURAL and	give neerest lown	1)
Dundalk (22)	6 vears	X Dund	alk (2	2)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give streal address)	d. STREET ADDRESS			e. IS RES	
7509 Belmont Avenu	le	7509	Belmont	Avenue		FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	Day Yeer	1.0
(Typa or print) CLEAON	MARTIN	LEASE	OF DEATH	Da	27 19	61
5. SEX 6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED 1 8	DATE OF BIRTH	9. AGE	December		
male white widow		Dec.26,18	98 63 last bi	irthdey) Months I	Deys Hours	Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working lifa, even if refired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITI	ZEN OF WHAT CO	OUNTRY?
	ablic School	Marvl	and		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			0.011	
Thomas F.Lease		Sarah Hi	11			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unkown) (Ifyes give wer or dates of sarylca)	S. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		-
	213-01-4159	Estelle G	.Tease	same	99 #2	
18. CAUSE OF DEATH [Enter only one cause par	lina for (e) (b) and (c).	7		Danio	I INTERVAL BETY	VEEN
PART I. DEATH WAS CAUSED BY:	to les	: LUNGO			CHSET AND DE	VIH
DUE TO					1	
Conditions, if eny, which (b)						
geve rise to immadieta cause						
(e), stating the underlying causa last.						
	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19. WAS AU	TOPSY
DIA TOTAL DE LA CONTRACTION DE	1				PERFOR	MED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURED LE	nide palure of injury in Peri	I or Pert II of Item 18	.)	152 [] 14	10 🔀
	1///					
20c. TIME OF INJURY Month, Day, Yeer 20d. Whi		CE OF INJURY (Home, ferm	20f. (City or low	n) (Coun	ty) (S	ilete)
p.m. 19 at wo	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/ /		
21. I certify that I took charge of the rea	mains described above, he	d an Autopsy ,	Inspection [Inquiry 1	and in my op	inion
death resulted from: Natural causes	Accident , Suici	de . Homicide	, Undeterm	ined manner		
1 mas		CHIEF MEDICAL E	XAMINER			
ACTUAL SIGNATURE	Tur	M.D. ASSISTANT MEDI	ICAL EXAMINER		DATE SIGN	JED
EXAMINER'S		DEPUTY MEDICAL	EXAMINER X		1/2/6	2
NAME (Typa) Melvin B. Dav	is.M.D.	Dundalk 2		nd		
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (CI	lly, lown, or country)	(Stela)	
Burial 1/4/62	Oak Lawn Cer	meterv	Baltimo	re Maryla	and	
23. FUNERAL DIRECTOR				46. REBISTEAS SK	NULLE	
Walter Brooks Bradley,	Inc., Dundalk	22, Md DATE				

Led. St. Louis THE PERSON NAMED OF THE PARTY O w. D. . S Minima . . Dd. . Telband Exposit con fair

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13609 CERTIFICATE OF DEATH

13587

			Reg. D)ist. No
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED
COUNTY Baltlucore	MARYLAND	STATE MANY	Alfred county HA	-fund
CITY (If outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CtTY (If outside corp	orate limits, write RURAL and give	nearest town)
TOWN 16 W 50 C	(in this place)	TOWN Rura	1 BEI Air	12 x 2
HOSPITAL OR	Corcust.	STREET	(If rural give loceti	ion)
INSTITUTION OR TOW SOR CORE TOWN		ADDRESS Old	Joppa Road	
3. NAME OF (First) (M	iddle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	_	ee	OF DEATH /2	14 1961
5. SEX 6. COLOR OR 7. SINGLE, MARRIED		F BIRTH	9. AGE last birthdey IF UN	DER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVO	sicil Octob	DET 27,1873	86 yrs. Month	hs Deys Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT
	CULTURE	MANJANA		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	4.5116
RAIPH LEE		REDEC	ca Amos	
	SOCIAL SECURITY NO.			00x 146
(Yes, no, or unk.) (If Yes, give wer or dates of service)	NONE		10. 1	El APT, MANYAND
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER			INTERVAL BETWEEN
MAMERIATE CAUSE (A)	Popurato	Red Finel	eckl	ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO	-1 12 /-	11	127	-1
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Jackole	(este / or	ed ()	3 days
STATING UNDERLYING CAUSE LAST. DUE TO	Esca Cala	6 6	2	A ander
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	second of the	1500 1 C/2	well welly is	020 (Jan)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	POPERATION			20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ferm, factory, ce bldg., atc.)	1c. WHERE DID INJURY OCCU	JR? (City or town) (C	County) (State)
While	Not while	216. HOW DID INJURY OCCU	JR?	
M. et worl				
22. I hereby certify that I attended the decease	ed from Machine	, 19, to	19.6.1., tha	it I last saw the deceased
alive on	hat death occurred at.	M, from the	causes and on the date st	ated above.
BIGHATURE TO THE STATE OF THE S	1 3		RESS (Streat, city, town, steta)	
23. BURIAL, CREMATION, DATE THEREOF	M.D.	CDEMATORY	LOCATION (City, town, or con	. 4 KX /2/15/6,
REMOVAL (SPECIFY)	Little FAlls Fr	CKEMATOKT	LOCATION (City, town, or con	unty) (Steté)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	-111121111311		FAllston, Horrs.	
		25. FUNERAL DIRECTOR'S	SIGNATURE W. Broade	ADDRESS Williams St.
DATE DEC 2 0 '61		Durcha or 1	BEI HOLV	namigod

INSTRUCTIONS

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I The artist Mary Charles			
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TO HOSPITA R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after the page by the retained by the hospital or attending physician.

You TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and convetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in apy weed, within 72 hours after death.

-	DIVISION OF STATISTICAL RESEARCH AND RECORDS 13610 CERTIFICAT	E OF DEATH	N STREET, BA		i, mak	1358	38
	PLACE OF DEATH Baltimore Item 14 Film 03		CE (Where deceased			nca befora a	dmisslo
	hady Nook Convalescent HomeraryLand	a. STATE		b. COUNT	Y		
	b. CITY OR TOWN (if outside corporata limits, ' c. LENGTH OF STAY IN 1b write RURAL and give nearest town)		If outside corporate lin	nits, write I	RURAL and giva	nearast tow	n)
	Catonsville 3 Months	Baltimo	re		31	101-	4
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS				a. IS RE	SIDEN
SI	hady Nook Home, 1002 N. Rolling Rd	.317 N. Pa	yson St.			YES	NO T
3.	NAME OF First Middla	Last	4. DATE	Month	Day		
	DECEASED (Type or print) Lula	Liedlich	OF DEATH D	ec.	18.	196	1
5.		DATE OF BIRTH			F UNDER 1 YEAR		
7		eb.26,1885		-41 1 1 m	Months Days	Hours	Min
	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR			,	12. CITIZEN	OF WHAT C	OUNT
qoi	ne during most of working lifa, aven if ratirad) IOUSE Wife			,			
_	FATHER'S NAME	Baltimo					
			NAME				
16	Frederick Gronemeyer	Unknown					
(Ya	s, no, or unkown) (Ifyas giva war or datas of sarvica)	NFORMANT		Addrass			
-	140 440	rgaret McD	onald				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		1 1			NSET AND	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute hu	yourdial	Jackur	L.		3 da	ye
	DUE TO		Factur			-	
	Conditions, if any, which \ (b) Chateinzeless	Tie Cardia -	voceuler	dise	all.		
	gava rise to immadiata causa (a), stating the undarlying DUE TO						
	cause last. (c) Promobinal	Rueumon	is			1000	K
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVE	N IN PART 1(a)	19. WAS A	UTOPS
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4	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	. (Entar natura of injury in	Deat Las Deat II of item	10 \			
	OR CONTRIBUTING CAUSE OF DEATH		ran or ran or mam	10.1			
RTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)		rant or rant of mam	10.)			
CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)				(County)		(Stata)
CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA Hour a.m. WhilaNot Whila fach	CE OF INJURY (Home, ferr	n, ; 20f. (City or tow		(County)		(Stata)
CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farr	n, ; 20f. (City or tow		(County)		(State)
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CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20a. PLA factor work at work at work	CE OF INJURY (Home, ferrory, streat, office bldg., atc	n, 20f. (City or tow	n)	8, 19 Cel,	that (I) ((wo)
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MARYLAND STATE DEPARTMENT OF HEALTH

which is the state of the state bilizvamo#a0 . of new core in Title of the first of the Forest work with - GDSL AR BOLLEN OF THE STACK Tryscone 10 20 22 22 Death The same accept to the same of the wind with the wind of the second

TO HOSPITAL & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after the page of the position of the property of the position of the property of the plant of t

MARYLAND STATE DEPARTMENT OF HEALTH

AV1.4	WHITE SIMIL DE	L WILL		1157451	••	
DIVISION OF STATISTICAL RI	ESEARCH AND RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE 1	MARYLAN
10044	CERTIFICATE	OF	DEATH			400

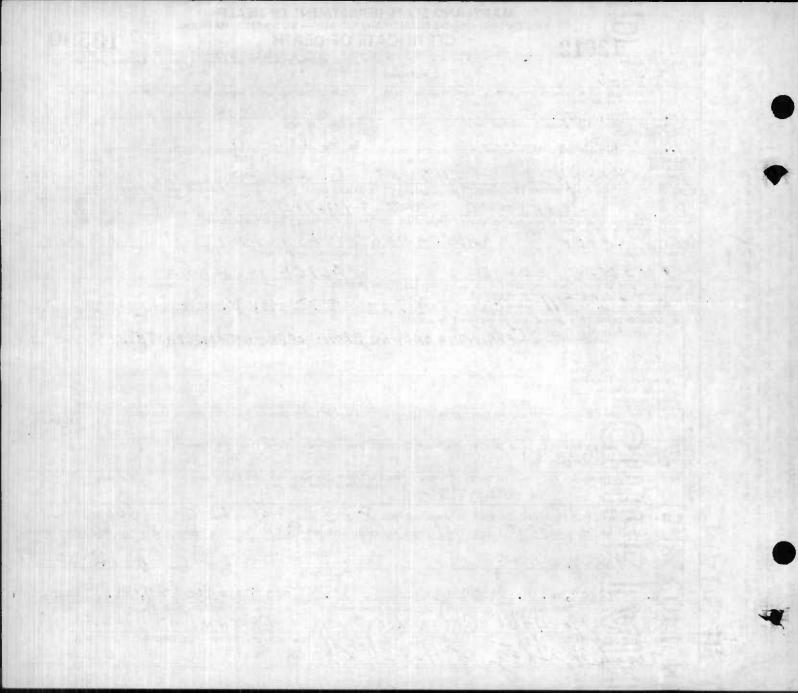
	1.358	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm	nission)
Baltimore MARYLAND	* STATE Maryland Baltimore	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)	
Cockeysville,	Towson	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	
Masonic Home	67 Burke Avenue	
3. NAME OF DECEASED (Type or print) Mary Catherine	Loss 4. DATE Month Dey Yeer OF DEATH See 29 196	1
7. MARKIED INEVER MARKIED	8. DATE OF BIRTH Cles 18, 1869 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 Cles 18, 1869 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 Months Days Hours Hours	4 HRS. Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY	UNTRY?
done during most of working life, even if retired) Housewife Own Home	Baltimore, Maryland U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
August Loose	Elizabeth (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address	
	rank L. Smith Masonic Home, Cockeys	svil
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWOONSET AND DEA	EEN
PART I. DEATH WAS CAUSED BY: 13. Lateral Dr.	oncho Pheumonia 3 days	NIII
DUE TO .		
Conditions, if eny, which) (b) Generallized	arterioselenosis years.	
gave rise to immadiate causa		
(a), steting the underlying ceusa last.		
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUT	TOPSY
Diabetes Millitus	PERFORM YES NO	MED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Diabetes Mellitus 200. Accident was underlying or contributing cause of Death (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL		tata)
20c. TIME OF INJURY Month, Dey, Yeer Volume 19 And While Not While at work at work at work	clory, street, office bldg., etc.}	
21. I certify that (I) (this hospital) attended the deceased from	Cot 19 , 1961, to Clac 39 , 196/, that (1) (w	(a) last
saw the deceased alive on the 29 1961, and that	at death occured at 1.34, from the causes and on the date stated in	above.
	M.D. PHYS. DIRECTOR PHYS.	DATE
22c. PHYSICIAN'S Elizabeth B. Shenn: 11 +	1) Etckey(v: 1/2 Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State	a)
REMOVAL (Specify) Burial Jan. 2, 1962 Loudon Pa	ark Cem. Baltimore, Maryland	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
William Cook. Inc. 1217 St. Paul	1 Street DATE LAN 3 '62 willing & Thomas	

(Housen's concerni-Y STATE THE RESERVE OF THE PARTY OF THE freelycale , a somet fall the From L. Carlin . Therefore Lond Cherry WELL THE STATE OF THE STATE OF MESTERS OF Bortal Manage , See Jones Con . Con Control | See , S. mal | Erfert

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, filed with TO USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE COUNTY MARYLAND M Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest tawn) shauld Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Wilson State Hospital 2 NAME OF First Middle 4. DATE Last Month DECEASED DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED last birthday) ofter DIVORCED X WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) pup pou 13. FATHER'S NAME physician car remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT ng One Hospita] Records attendi 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY: DUE TO þ Conditions, if ony, which (b) been signed gave rise to immediate per DUE TO cause (a), stating the underlying cause lost. **burial-transit** p 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

13590 e. IS RESIDENCE ON A FARM? YES NO X Day Year 19 6 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES INO (Stole) (County) 1 196 (, that (1) (we) last 22b. DATE SIGNED

Wilson State Hospital INOMA OF LUNG, BRONCHOGENIC WITH MESTAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. While Nat while ot work at work p. m. 21. I certify that (I) (this haspital) attended the deceased fram. , and that death accurred at SOPM, from the causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Superintendent Newcomer. Wilson State Hospital Mt. 23b. DATE THEREOF 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) CARROLL BURI EN MOUN 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 3



HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after the page 4 per retained by the hospital or attending physician.

OKUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.

전 A15 (4) OL

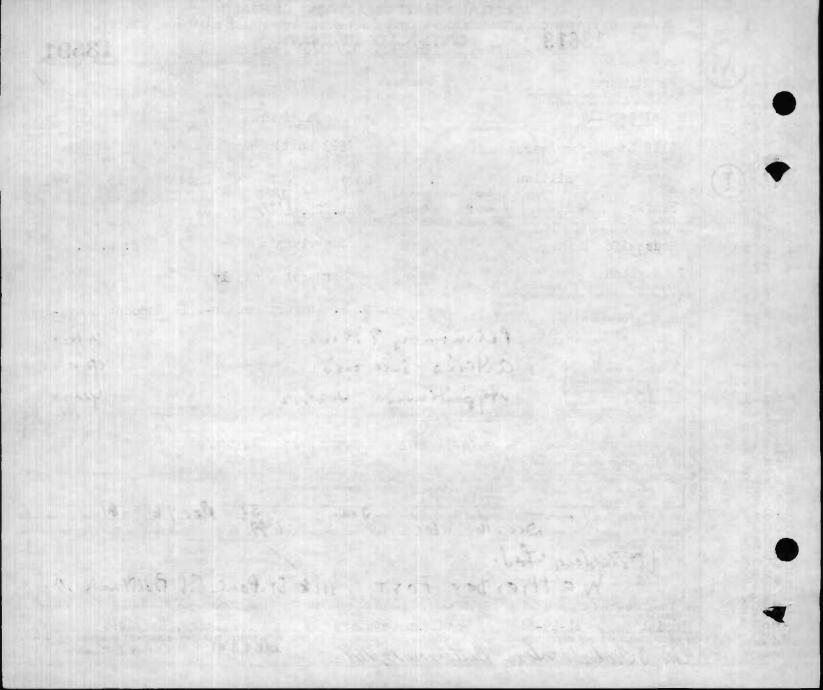
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND 13613 RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12504

1. PLACE OF DEATH a. COUNTY			2. USUAL	RESIDENCE	(Where deceas			ence before	admission)
Baltimore		MARYLANI	e. STATE	larylar	nd	b. COUN	I Y	-	/
b. CITY OR TOWN (if outside corpore write RURAL end give neerest tow	ete limits, vn)	c. LENGTH OF STAY IN 1			outside corporate	limits, write	RURAL and giv	e neerest to	vn)
Catonsville			Ra	ltimor	ne ne		340	1-4	
d. NAME OF HOSPITAL OR INSTITUT	TION (if not in hos	oital, giva street address)	d. STREET						ESIDENCE
2119 Edmondson A	venue		523 1	Notting	gham Roa	d #29	9		A FARM?
3. NAME OF DECEASED	First	Middle	Last	4	OF	Month	De	y Yee	r
(Type or print)	lian	M.	Lowe		DERTH -	ecembe	er 16	19	61
5. SEX 6. COLOR OR	RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRT	H 1880		GE (In years t birthday)	UNDER 1 YEA		R 24 HRS.
Female White	WIDOWE		Sept. 22	1.886	/ 8	-	Months Days	Hours	Min.
10e. USUAL OCCUPATION (Give kind of done during most of working life, even in	of work 10b. KI	ND OF BUSINESS OR INDU			& State, or forei	1000	12. CITIZEN	OF WHAT	COUNTRY?
Housewife 13. FATHER'S NAME	remedy		Pennsy	lvania			U.S.	Α	
			14. MOTHER	MAIDEN NA	- ME				
? English			Marga	ret Co	nnelly			100	
15. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unkown) (Ifyes give war or de		SOCIAL SECURITY NO. 17	. INFORMANT			Address			
No		M	rs. R. St	ewart.	Benson-	2119 E	dmondeo	n Ave.	#28
18. CAUSE OF DEATH [Enter on		ne for (e), (b), end (c).]				Secularity of the		NTERVAL BE	
PART I. DEATH WAS CAUSED IMMEDIATE CAU	8Y. P. (money "	9 Jen					2 AND	
I had be a N		7	2000						
	UE TO	eric - Sch	-				/	e a	
Conditions, if eny, which gave rise to immediate ceuse	(b) CCC	Les of See	er cons					1000	•
(e), steting the underlying	UE TO	4.	- Der					, .	
ceuse lest.	(c) 272	parteuser	- Her	215				year	•
PART II. OTHER SIGNIFICANT	ONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	L DISEASE CON	DITION GIVI	EN IN PART 1(a)		AUTOPSY
ATIC								YES T	NO 1
PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OF THE PART II. OTHER SIGNIFICANT OTHER SIGNIFICANT OF THE PART II. OTHER SIGNIFICANT OTHER SIGN		CRIBE HOW INJURY OCCU	RED. (Enter neture o	finjury in Per	rt I or Pert II of it	lem 18.)			ப
	(INER)								
ZOc. TIME OF INJURY Month, D	While	Not While	PLACE OF INJURY (fectory, street, office	Home, farm, bldg., etc.)	20f. (City or t	own)	(County)	11/1	(Stete)
7	12	hand hand	7.0.		57	A	- 1/41		
21. I certify that (I) (this	rospital) attend	led the deceased from	n. V cucy				2, 19.61,		
saw the deceased alive on	Dec. 10	19.40.1, and th	nat death occur	ed at	M, from the	e causes a	and on the	date state	d above.
22a. SIGNATURE	Fort -		M.D. ATTENDIN	IG MED		TAFF HYS.		221	SIGNED
22c. PHYSICIAN'S	11 ;	100	22d ADE		^	C 0 C	2006		1
NAME (Type) W	thevit	nee Fort	- 111	& Sti	Pane.	St. 1.	salltin.	is , 11	w.
23e. BURIAL, CREMATION, 23b. DAT REMOVAL (Specify)		23c. NAME OF CEMETER		1	23d. LOCATIO			(5	stete)
Burial 12-19	7-01	Woodlawn Cer	netery	00 000			aryland	A 71 ID-	
24 FUNERAL DIRECTOR'S SIGNATURE	1. 1.	ADDRESS	m. 1	25e. REC'D	8Y REGISTRAR		othur 2. H		
Um Jucknes 4	Sons X	allemore 17,	Till -	DATE		1 4	100mm A. 70	AAUAS	



FOR STATE DEPUTY INDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay in dessary, bease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to me funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated egent, prior to burial, cremetion, or removal, end in any event within 72 hours pite death. o MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13592

13614	MEDICAL	EY A MINED'S	CERTIFICATE	OF DEATH	
15014	MEDICAL	EVWWIMER 2	CERTIFICATE	OF DEATH	

	The state of the s					
1. PLACE OF DEAT	Н					asidance before edmission)
J. COUNT	Baltimore Count	MARYLAND	a. STATE	vland	Dol.	timore Co.
b. CITY OR TOWN	if outside corporeta limits, d give neerast town)	c. LENGTH OF STAY IN 16		If outsida corporata lin		
Baltimo	ore (rural)		X Balt	timore (run	al)	
	TAL OR INSTITUTION (if not in h		d. STREET ADDRESS			IS RESIDENCE ON A FARM?
2511	Hammonds Fer	ry Road	2517	Hammone 1	erry Road	
3. NAME OF	First	Middle	Lasi	4. DATE	Month	Day Yaar
(Type or print)	JAMES	EMORY	LOWRY	OF DEATH T)b 0	3. 19 61
5. SEX	6. COLOR OR RACE 7. MARR		DATE OF BIRTH	19. AGE (ln years IF UNDER 1	
36.5				last bi	rthday) Months D	Days Hours Min.
Male	Mhite WIDOV	VED DIVORCED INV KIND OF BUSINESS OR INDUSTR	lay 17,1925		yrs.	7511 05 140147 50011170
	orking life, avan if retired)	KIND OF BUSINESS OR INDUSTR	Maryland		12. СП	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Jame	es Emory Lowr	y. Sr.	Charlo	otte M. R	eed	
		6. SOCIAL SECURITY NO. 17. I			Address	
yes	lfyasgivewarordates of sarvice)		loward Thor	n 2507 B	rohawn A	ve. #30
	DEATH Enter only one cause pe	r line for (a), (b), end (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY:	ot wound of hea	d and hrain.			ONSE! AND DEATH
976×	DUE TO	ico would of liee	u aim bi aim			
Conditions, if en	10/					
gava rise to Immed (e), stating that	DI IE TO					
cause last.) (c)					
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDIT	ON GIVEN IN PART	
ATIO						YES NO
20a. EXTERNAL C.	AUSE WAS 20b. DESC	CRIBE HOW INJURY OCCURED. (E	ntar natura of injury In Par	rt I or Part II of itam 1B	1	I I I I I I I I I I I I I I I I I I I
PART II. OTHE 20a. EXTERNAL C. PRIMARY OF CO						
	(+)	inshot wound in July Occurred 200. PLA	right temple	305 (51)	n) (Coun	4.3
20c. TIME OF INJU	JRY Month, Day, Year 20c		ory, street, office bldg., etc	n, Zur. (City or low)	i) (Coun	nty) (Stata)
1:30	12/23/19 61 of w	ork at work	ome	Balti	more Co	Maryland
21. I certify f	hat I took charge of the re	mains described above, he	ld an Autopsy X,			and in my opinion
death resulted	from: Natural causes	Accident , Suici	de X. Homicide		ined manner	
	1/ 1/	11/1	CHIEF MEDICAL	EXAMINER		
ACTUAL SIGNATURE	flowerd N.	/ Maule	M.D. ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
EXAMINER'S			DEPUTY MEDICA	L EXAMINER		
NAME (Typa)	HOWARD G. SHAU	JB. M. D.		city, town, or county)		12/23/61
220. BURIAL, CREMATE	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (C	ly, town, or country)	(State)
Burial's	12/26/61	Baltimore Na	ational Cer	m. Baltim	ore Mar	rvland
23. FUNERAL DIRECTO	OR .	ADDRESS	24e. REC	C'D BY REGISTRAR 2	b. REGISTRAR'S SI	
Howard I	H. Hubbard 41	07 Wilkens Av	7.0	- P D 10 f	0 -1 0 1	K
1101161 0 1	The standard of the	O MITTHEILD WA	C. DATE	0.28'61	arting 8. 1	Louis

reveloped to the land 2517 Facequer Renew ander 1 1755 1,1 namaelas James Amorg Lower, Et. Con Charlouse M. Ford . The Charles and in home so learner o Sumar Street, at barrow dominant THE YEAR OF COMMENCE OF THE PARTY OF THE PAR Junea 12/2 / 1 Fall more for consistent. Haldmore, Yearly Foward E. Eubbard 4197 Milrons ave. 02

the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours offer death. mere se retained the haspital ar attending physician.

D. F. MERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely the page 3 shauld be detached for use as the burial-transit permit. Then please remove corban pagers, Pager

ENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HOSPITAL OR

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13615

13593

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore County MARYLAND	o. STATE mary land b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest tawn)
Mt. Wilson, Maryland 57 weeks	Odenton 02x.2
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Mt. Wilson State Hospital	Box 332 4th avenue YES NO B
3. NAME OF DECEASED. // First Middle	MART 7 DEATH DO 2 7 106/
(Type or print) / ETT/E KEBECCA	1.1111
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
WIDOWED DIVORCED	1-11-1070 63 yrs.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Our Horne	Mary/and MA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm F. Sterling	2stelle Butler
	IFORMANT Address
(Yes, no, or unknown) (If yes, give war or doles of service) None Hos	spital Records, Mt. Wilson State Hospital
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Posses of Bons ONSET AND DEATH
IMMEDIATE CAUSE (a) DUE TO	1 000
T e-	in to bear loves. 2 mg co
Conditions, if ony, which gave rise to immediate (b)	f un occurrent of fish
couse (a), stating the under. DUE TO	
lying couse last. (c)	NOT DELIVED TO THE TOTAL DISEASE CONDITION OF THE PART VALUE AND THE
PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO E
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Port II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State) stary, street, office bldg., etc.)
Hour o. m. P. m. 19 While Nat while of wark of wark	
21 1 certify that (1) (this haspital) attended the deceased from	15, 1960, to Dec 22, 1961, that (1) (we) last
	leath accurred at M, fram the causes and an the date stated abave.
220. SIGNATURE	22b. DATE
Menzimer	M.D. PHYS. DIRECTOR PHYS. Dec. 22, 1961
22c. PHYSICIAN'S	22d ADDRESS
Wm. Newcomer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)
ACMOVAL (Specify) 250 7 201 6/2 1/	11 D. L C1 B . Md
24. FUNDRAY DIRECTOR'S SIGNATURE /// ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
19/N: 44 811 B	OW /
Marin V Survivo Sun Hun	MP DATAFO 28 61 Outling & King

SEREE! TEST TO STANK THE SALES AS A STANKE OF THE SAL 15 1 3 15 1 1 1 7 1 1 1 1 1 Oute There is Deep and THE RESERVE OF THE PARTY OF THE and to the confessed of allows Prediction of the Contraction of THE RESIDENCE OF THE PARTY OF T The state of the s

FOR STATE HEALTH DEPT. TEPUTY I ICAL EXAMINER: This certificate should be executed within 24 hours after death, any delay is assery, place execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to We funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W: PRESTON STREET, BALTIMORE 1, MARYLAND

	3615 MEDIC	AL EXAMINER'S	CERTIFICAT	E OF DEATH	13594
1. PLACE OF DEATH				CE (Where decessed lived, If	Institution: Residence before admission
Balti		MARYLAND	a. STATE Mary	land b. coul	Baltimore
b. CITY OR TOWN (if outside corporate limits, I give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida corporete limits, writ	a RURAL end give neerest town)
Dunda		17 years	X Dun	dalk (22)	
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospitel, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
9 Bro	adship Road		9 B	Broadship Ro	ad yes no x
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	
(Type or print)	EFFTE	JANE M	CCAIN	OF DEATH DOO	ember 25, 1961
5. SEX			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
female	1	OWED XX. DIVORCED	Aug. 28,18	77 8/1 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work 10	b. KIND OF BUSINESS OR INDUSTI		, , OEF	12. CITIZEN OF WHAT COUNTRY
done during most of wo	rking life, even if retired)				
HOUSEWI	1e		Indian 14. MOTHER'S MAIDEN		USA
	w West 27				
	r Handley		Charl		
	fyas give wer or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no		none Mr	s. Bessie	Wilkerson	same as #2
	EATH [Enter only one cause	per line for (a), (b), end (c).]	716	40 -	INTERVAL BETWEEN ONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	からっとーレ	-DISE	B3-Q	OKSET AND DEATH
422	DUE TO	1			
Conditions, if any	, which) (b)	Glulery	1		
geve rise to immedi	ete ceuse	1			
(a), steting the use cause last.	nderlying				
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY
OF THE STREET	STORMITO ART CONDITIONS	1/-	71 10 10 110 12000	THE DISTRICT CONDITION OF	PERFORMED?
5	HET MAR LOOL DE				YES NO
PART II. OTHER OF YOUR 20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING 206. DE	SCRIBE HOW INJURY OCCURED. (enter neture of injury in Per	f I or Perf II of item 18.)	
20c. TIME OF INJU	,		CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
p.m.		work at work			
21. I certify th	at I took charge of the	remains described above, he	old an Autopsy .	Inspection L. Inqui	ry and in my opinion
death resulted f	rom: Natural causes	Accident . Suic	ide . Homicide	Undetermined m	nanner 🗍
V	mas		CHIEF MEDICAL I	EXAMINER	
ACTUAL SIGNATURE	11121	tarr on			DATE SIGNED
			DEPUTY MEDICAL	L EXAMINER DOT	20/0///
EXAMINER'S NAME (Type)	Melvin B. Day	ris.M.D.		city, town, or county)	12/26/61
22e. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town	n, or country) (State)
REMOVAL (Specify)	12/29/61	Dale Cemete	rv	Connerguille	Indiana
Burial 23. FUNERAL DIRECTOR		ADDRESS		Connersville To by REGISTRAR 246. REG	GISTRAR'S SIGNATURE
		,Inc.,Dundalk	22. Md DATE DE	EC 2 8 '61 O	other S. Kraus

5M 9/60

and the state of the state of A-S-C-V DISEAS Dewilly M32 run of The Control of the Co But the the telephone, and the battle and and in the land

e. IS RESIDENCE

ON A FARM? YES NOT Day Year

1967 December IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs

12. CITIZEN OF WHAT COUNTRY?

Address

INTERVAL BETWEEN ONSET AND DEATH

(Stote) (County)

PERFORMED?

YES NO F

, that (N (we) last 19.61, and that death accurred at M.M. fram the causes and an the date stated above

MARYLAND STATE DEPARTMENT OF HEALTH

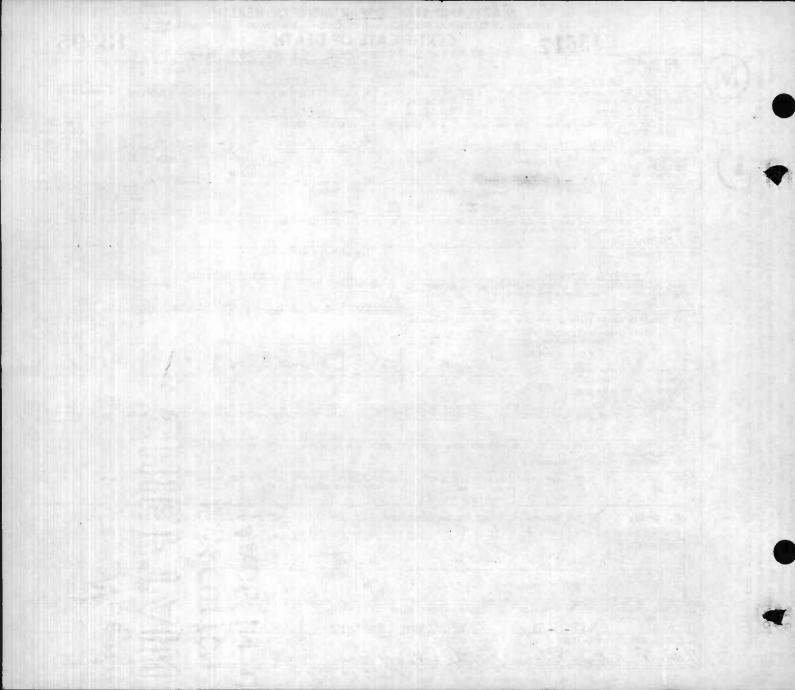
(Stote)

SIGNED

Maryland 256 REGISTRAR'S SIGNATURE

DATE DELL 4 Corner & Thouse

VR A15 (4) 15M 9/S9



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13618

CERTIFICATE OF DEATH

	- 4.0					10009
1. PLACE OF DEATH a. COUNTY				NCE (Whare dacaased		sldenca befora admission)
Baltimore		MARYLAND	a. STATE Mar	vland	b. COUNTY	e Arundel
b. CITY OR TOWN (if ou	itsida corporate limits,	c. LENGTH OF STAY IN 16			mits, write RURAL and	
Fort Howard		13 Days	Anne	polis	1	111-2
	OR INSTITUTION (if not in ho		d. STREET ADDRESS	5	0.0	a. IS RESIDENCE
Veterans Ad	dministration	Hognitel	75 N	Northwest S	troot	ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	Day Yaar
DECEASED (Type or print)		LemanderA N	CPHERSON	OF	ecember	19 19 61
5. SEX 6.	COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH		(In years IF UNDER 1 Y	
	Negro WIDOW		August 27,	1922 39		ays Hours Min.
1Da. USUAL OCCUPATION	(Give kind of work 1Db. I	KIND OF BUSINESS OR INDUSTR		unty & State, or foraign		EN OF WHAT COUNTRY?
Bartender	g life, avan if refired)	Liguor ******	Annenolie	, Maryland		U. S. A.
13. FATHER'S NAME		Inquoi	14. MOTHER'S MAIDER			U. D. A.
Crawford McI			Fredretha	Parker		
15. WAS DECEASED EVER II (Yes, no, or unkown) (Ifyes			NFORMANT	O TIAIL O	Address	167
Yes	-	16-18-5924 For	nical Recor t Howard Di	vision Ba	Itimore to	, Maryland
	TH [Entar only one cause per	lina for (a), (b), and (c).]	o Howard Da	. 122.011		INTERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY:	NIC GLOMERULONI	שדייידפייי	ONSET AND DEATH		
501 min		MITO GIOMPHOTOM	MULTITO			UNKNOWN
217	XXXXX LEFT	VENTRICULAR HY	PERTROPHY			UNKNOWN
Conditions, if any, was gave rise to immediate	(b)		_			
(a), stating the under						
cause last.) (c)					
PART II. OTHER SIG		NTRIBUTING TO DEATH BUT NO		INAL DISEASE CONDI	TION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
Bronchial As	spiration. P	ulmonary Edema.				YES X NO
Bronchial As 2Da. Accident was in the contributing in the city of contributing in the city of the city mei	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED.	(Enter natura of injury in	n Part I or Part II of iter	n 1B.)	
ZDc. TIME OF INJURY	Month, Day, Year 2Dd.	INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, fer	rm, ' 2Df. (City or tow	rn) (Count	y) (State)
2Dc. TIME OF INJURY Hour a.m.	Whil	e Not While facto	ory, street, office bldg., at			
-	19 at wo			(3 %)	30 /	,
21. I certify that		nded the deceased from.				
saw the deceased	alive on Dec.	191961., and that	death occured at		causes and on th	e date stated above
22a. SIGNATURE	Much	une m.	ATTENDING PHYS.	MED. STA		22b. DATE SIGNED
22c. PHYSICIAN'S		70 (7 C	22d. ADDRESS			12/20/0
SEBASTTAI	N RUSSO, M.D.		VAH, E	BALTO 18 MD	FT.HOWARD	DIVISION
23a. BURIAL, CREMATION,	, 23b. DATE THEREOF	23c. NAME OF CEMETERY C			(City, town or county)	
REMOVAL (Specify) Burial	12-22-61	Brewer Hill (Tomotomi	Annapol	is, Maryla	nd
24 FUNERAL DIRECTOR'S		ADDRESS			25b. REGISTRAR'S SI	
_ Charles Hi	cks, 45 North	west St.Anna; ol:	is, Md. IDATE	C 2 7 '61	Carthur S. F.	caus

- 768-111-1115-126-1 Control of the contro III WW DESCRIPTION OF PROPERTY OF STREET Bronding spiration. Pilipanty Made. VILLY THE THE STREET, BUT THE STREET, LAND .U.M. GOZDE TOTAL MENE Com and I Fall

Proming Tines, its invitaget at An annite ani.

and con retely filled in by the funeral carbon papers. Pages 1 and 2 should it, within 72 hours after death. ted within 2 The law requires that the death certificate be exec The Page 4 the retained by the hospital or attending physician.

CUNERAL DIXECTOR: After this certificate has been signed by the attending physician and condinactor, page 3 should be detached for use as the burial-transit permit. Then please permove carbon is filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within any even VR A15 (4) 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE

J. F. Eline & Sons

	DIVISIO	N OF STATISTICA		YLAND STAT		301 W. PREST	ON STRE	LTH ET, BALTIM	ORE 1,	MAR	λ Γ ΨΝτ	} }
		13619		CERTIFIC	CATI	OF DEAT	TH			1	335	96
	PLACE OF DEA a. COUNTY			MARYLA		2. USUAL RESIDEN a. STATE	Md.	eceased lived, If b. COUN	YTY _	Residen		odmission)
	b. CITY OR TOWN	(if outside corporate limit	s,	c. LENGTH OF STAY		c. CITY OR TOWN		porete limits, write				(n)
	Garriso			20 Years		X Garr						
	Kenmar	PITAL OR INSTITUTION (iii	not in hosp	Ditel, give street address		d. STREET ADDRESS Kenmar					ON	A FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	h	Day	Yee	
	(Type or print)	Norman		L.	Me	ekins	DEATH	Dec.		23,	19	61
5.	Male	6. COLOR OR RACE	7. MARRIEL			ay 16,1891	5	last birthday)	IF UNDER Months	1 YEAR Doys	Hours	24 HRS. Min.
10a	USUAL OCCUP	ATION (Give kind of work	10b. KI	ND OF BUSINESS OR IN			inty & Stete, or		12. CI	TIZEN O	F WHAT	OUNTRY?
	Warehous	working life, even if refired e Foreman	1)				yland				JSA	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
400		a Meekins					e Cornt					
15. (Ye	s, no, or unkown)	EVER IN U.S. ARMED FOR (Iffyes give war or deles of se	CES? 16. :	SOCIAL SECURITY NO.		FORMANT		Address				
_	No	No		9-01-9199	Wil	liam J. Mee	ekins	Reis	sters			
		PART I. DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (e)									ONSET AND DEATH 5 vrs.	
	Conditions, if e	DUE TO	Carci	noma of the	e pro	state						s.
	gave rise to imme (e), stating the	diate cause		02 011	, p. c	Jeaco					<i>J</i> , , .	
	cause last.											
ATION	PART II. OTH	IER SIGNIFICANT CONDIT	-	ne	TON TU	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR		PERFC	RMED?
CERTIFICATION	OR CONTRIBUTION	WAS UNDERLYING		CRIBE HOW INJURY OC	CURED. (Enter neture of injury In	Pert I or Part I	l of itam 18.)				
		FY MEDICAL EXAMINED	non									
MEDICAL	20c. TIME OF IN Hour a.m		While	NJURY OCCURRED 20 Not While et work none	factory	OF INJURY (Home, far , street, office bldg., etc		y or town)	(Co	unty)		(State)
		that (I) (COLOR MOREOUN					19, to	12-23-6	61 19	, 1	nat (I) (West last
	saw the dece	ased alive on 12-	21-61	19, and	that d	eath occured at 1.	LAM, from	n the causes	and on	the da	te state	d above
	22a. SIGNATURI		0		M.D.	ATTENDING	MED. DIRECTOR	STAFF PHYS.				DATE SIGNED
	22c. PHYSICIAN NAME (Typ	'S		, M. D.	71.0	22d. ADDRESS 6 Hanover			town			
23-	BURIAL, CREMA			23c. NAME OF CEME	TERY OF			ATION (City, to			15	tete)
100	REMOVAL (Special Burial			Mt. Oli				ndallsto		.,,	Md	

Mt. Olive Cemetery

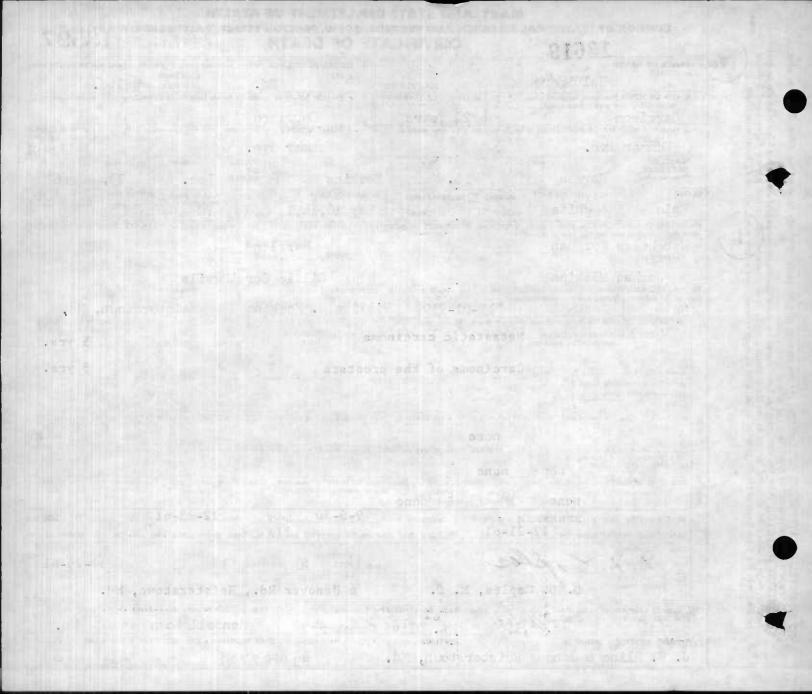
ADDRESS

Reisterstown, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur & House

DATE DEC 2 7 '61



Division of STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY Page b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. for your write RURAL end give neerest town) ō 0 Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES NO 3. NAME OF Middle 24 hours ... and five Pages 1, 2, and p.M3. Page 5 may be 1... and 2 with the ??? hours after d DECEASED OF (Type or print) DEATH 19 6.1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ardivas 13. FATHER'S NAME GIVe 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or dates of service) elong with I 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if eny, which geve rise to immediate cause 0 DUE TO (e), steting the underlying 98 Examiner couse lest. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY PERFORMED? NO Medical bluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | writing the CAUSE OF DEATH. Zetow. Chief m MEDICAL the C. Page 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work Brazil at work prior should be forwarded to th Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Baltimore, Md. Q40 9 Mishkin Israel BURIAL 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15MF 5M 7/59 6010 Reist Rd LEVINSON & BROS INC DATEC 1 8 '61 anthur & Kraug

RYLAND STATE DEPARTMENT OF HEALTH

TERMS ASSIGNED BEAMAGE CORNELATED AT DEALER OF THE ALBORS THE RESERVE LEGISLATION OF THE PROPERTY OF THE PERSON OF T AND PROPERTY OF THE PARTY OF TH THE REPORT OF THE PARTY OF THE

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9

13621 CERTIFICATE OF DEATH 13621

#									
4	1 PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare decessed lived, If Institution: Residence before admission)							
1	Baltimore MARYLAND	a. STATE Maryland b. COUNTY Garrett							
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and giva neerest town)							
	Owings Mills 10 months	Grantsville							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE							
	D Chata Musiming Cahaal	Route 1 70 YES X NO							
	Rosewood State Training School 3. Name of First Middle	Last 4. DATE Month Dey Year							
	DECEASED (Type or print)	OF							
	Elizabeth Gene	Hessenger 12 / 19 61							
	7. MAKRIED NEVER MAKRIED	last hirthday)							
	Female White WIDOWED DIVORCED	4/9/44 17 yrs. Months Deys Hours Min.							
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	11. ALETHIPLACE (County) State, or foreign dountry) 12. CITIZEN OF WHAT COUNTRY?							
	dependent none	Gatretti Co., Mankland U.S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Jack Glenn Messenger	Juanita Marie Wright Messenger							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address							
9	(Yes, no, or unkown) (Ifyesgivewarordetasofservice)	Possenad Passada Oringa Milla Md							
ĕ	18. CAUSE OF DEATH linter only one cause per line for (a) (b) and (c))	Rosewood Records, Owings Mills, Md.							
	PART I. DEATH WAS CAUSED BY: BILATERAL	BRONCHOPNEUMONIA INOMOS.							
	355 X DUE TO ATROPHY OF PONS + CEREBELLUM TENTERS								
ú		1000 4 CBIC 20212 Trulenous							
	Conditions, if eny, which geve rise to immediate cause (b)								
	(a), steting the underlying DUE TO								
ı	ceusa lest. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?							
d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO INTERNAL FAMILIES 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DISCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S Etiology Undetermined YES NO 1							
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN URY OCCURED.	(Enter neture of injury in Pert I or Part II of item 18.)							
	20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 20d. INJURY OCCURRED While Not While et work et								
	Hour e.m. While Not While factory, straet, office bldg., etc.)								
		1/19 19.61, to 12/7 1961, that (+) (we) last							
1		death occured at 4:10, the the causes and on the date stated above.							
H	220. SIGNATURE	death occurred diggs. Like, promittee causes and on the date stated above.							
	Man & B. Har	ATTENDING MED. STAFF							
9	TZc. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 12/8/61							
	NAME (Type) Harry G. Butler, M.D.	Rosewood Lane, Owings Mills, Md.							
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C								
۱	BURIAL 12/1/61 DEVERLY IIIE	MEKIAL DARDENS, MORGANTOWN W. VA							
	24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	Nort Howman Gansonle. Me	DATE DEC 13'61 without & thank							

AND ASSESSED MANUAGE 1911 - 2441 1411 De tol antimo allega Signeral In the Nat I deplice to the telephone in the land of the sail of the WHEN EARLY SHOW OF BUILDING treeson sent, in the second The section of the section 13/11/61 BELEATY HEREWAY THERE SHOWS THERE WITHOUT THE you the many transmit hat

TO EPUTY MIX. AL. EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, may be asse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, may even it is designated agent, prior to burial, cremation, or removal, and in any event within 72 horrs after death.

VS. ATSME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W.	PRESTON STREET, BALTIMORE 1, MARYLAND				
13622 MEDICAL EXAMINER'S CERT	IFICATE OF DEATH				

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)									
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Gwynn Oak 3 v0 1 - 4									
d. NAME OF HOSPITAL OK INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?									
York & Dumbarton Roads	3614 Howard Park Avenue YES NO									
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year									
(Type or print) CHARLES STANLEY	MICHAEL December 30 19 61									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.									
Male White WIDOWED DIVORCED	April 9, 1905 S6 yrs. Months Deys Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)										
Sales man	Baltimore, Maryland U.S.A.									
13. FATHER'S NAME	Baltimore, Maryland U.S.A.									
Charles H. Michael	Fannie Cross									
	INFORMANT Address									
	athryn A Michael 36 14 Hayrand Dants A									
	athryn A. Michael, 36 14 Howard Park Ave.									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arterios clerotic C	IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease.									
DUE TO										
Conditions, if eny, which (b)										
geve rise to immediate cause (a), stating the underlying DUE TO										
cause last. (c)										
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY									
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PERFORMED? YES NO •									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (I	inter neture of injury in Part 1 or Part II of item 18.)									
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)									
Hour a.m. While Not While fact p.m. 19 at work et work	ory, street, onice bidg., etc.)									
21. I certify that I took charge of the remains described above, he	Id an Autopsy X Inspection , Inquiry , and in my opinion									
death resulted from: Natural causes X. Acdident . Suic										
	CHIEF MEDICAL EXAMINER									
ACTUAL Charles S. Tatte	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED									
The state of the s	M.D.									
NAME (Type) Charles S. Petty, M.D.	Address (Street, city, town, or county)									
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)										
Burial 1/3/62 Loudon Park	Cemetery Baltimore, Maryland									
23. FUNERAL DIRECTOR ADDRESS ADDRESS	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									
Ellsworth Armacost-4600Liberty Hghts.	Ave. DATE JAN 3 '62 William S. Thank									

) IF LETTERS But the board and the board Server Base II - St. Mat. THE REAL PROPERTY OF THE PROPE Ţ. Cantion Canada C But I brown to all tentain . memora decidental el and the state of t DASH COVER OF THE PROPERTY

be retained by haspital or attending physician. page 3 should be detached far use as the burial-transit

TO FE

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

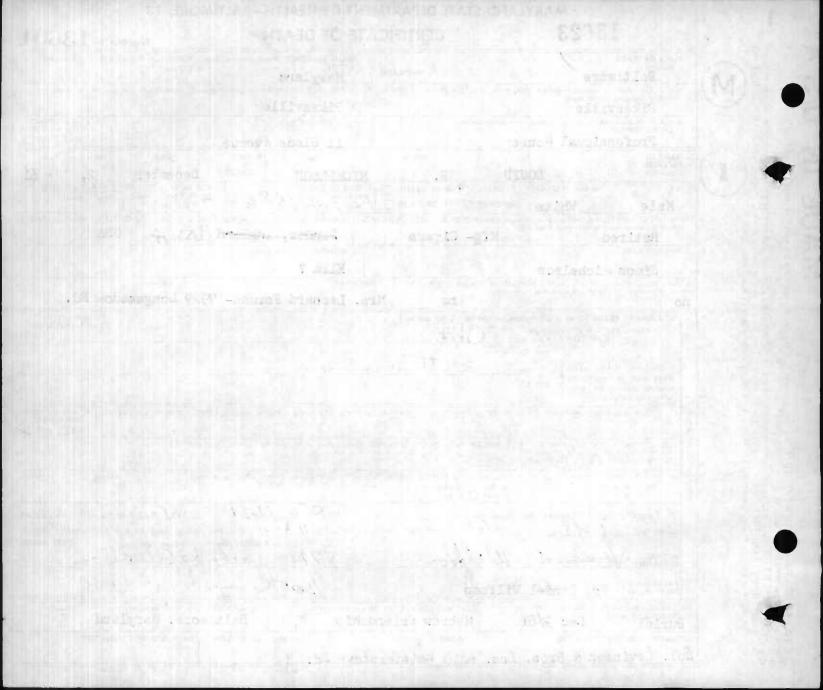
	PLACE OF DEATH a. COUNTY Baltim	ore		MARYLA		2. USUAL RESIDENCE o. STATE Maryland		l lived. If institution: b. COUNTY	Residence b	refore admission)
	b. CITY OR TOWN (RURAL and give n Pikesv		its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN X Pikesvi]		rote limits, write RUR,	AL and give	nearest town)
	OR INSTITUTION	TAL (If not in hospital, sional House		oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
2	NAME OF			A42.1.18			Avenue			
	DECEASED (Type or print)	LOU	IIS	Middle B.	ı	Last MICHELSON	4. DATE OF DEATH	Decembe	er	2. 19 61
5.	Male	6. COLOR OR RACE White	7. MARR	ED DIVORCED	U 7	EB14, 18	886		Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
100	USUAL OCCUPATION during most of war Retire	king life, even if retired	1)	KIND OF BUSINESS OR	INDUST	RY 11. 8IRTHPLACE (SI		PUSSIA	12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME			0		14. MOTHER'S MAIDE	N NAME	.,		
	Simon N	dichelson				Elka ?				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INF	FORMANT		Address		
n		(if yes, give wor or dures or s	service)	no	Mrs	s. Leonard	Forman-	7929 Long	meado	w Rd.
	PART 1. DEA Canditians, if a gove rise to i cause (a), stating lying couse last.	mmediate ())	CVA cutu	bre	luois				DNSET AND DEATH
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	H BUT N	IOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN	IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO [2]
	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING GOVERNMENT CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury	in Part I ar Part	II of item 18.)		
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Manth, Day, Ye	ar 20d. It While at war	Nat while		CE OF INJURY (Hame, fory, street, office bldg.,		or town)	(Cour	nty) (Stote)
200	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the	, 19 (20) Wilf:	of, and that o	M.	., 19 53, ta accurred at 11 A D. 5721	ADDRESS (SI	the causes and reet, city or town, sta	an the dite)	saw the deceased ate stated abave. DATE SIGNED
720	REMOVAL (Specify)	Dec 3/61		Hebrew Fri				TON (City, tawn, or c		(Stote)

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ADDRESS

Sol. Levinson & Bros. Inc. 6010 Reisterstown Rd.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town CAPE MAY BEECH CAPE MAY BEECH 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS prior 426 Katherine Ave KATHERINE AVE. NAME OF First Middle DATE Month DECEASED (Type or print) DEATH SAM MIDDLETON DEC 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR lost birthday) Months WIDOWED | DIVORCED [69 Male White June 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Chauffeur Anderson County S.C. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sam Middleton UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 426 Katherine Arenue 7940 9082 Frances J. Middleton Mrs 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19. CATION 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WURY OCOURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20b. DESCRIBE HOW 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) While Not while a. m. of work of work p. m. Bui 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry ond find that death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER 00 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial 30/61 Baltimore National Cem. Baltimore Maryland

ADDRESS

Sander & Sons Inc. Baltimore MD

Reg. Dist. No.

BALTIMORE

Day

27.1961

(County)

24b. REGISTRAR'S SIGNATURE

arthur & Thous

24g, REC'D BY REGISTRAR

DATEJAN 2

IS RESIDENCE

Year

IF UNDER 24 HRS.

Min.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(Stote)

PERFORMED? NOX

DATE SIGNED

(Stote)

ON A FARM? YES NO

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Correlations and things a walled remain

13603

CERTIFICATE OF DEATH 13695

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M	1. PLA: o. C
	b. C

Page 4

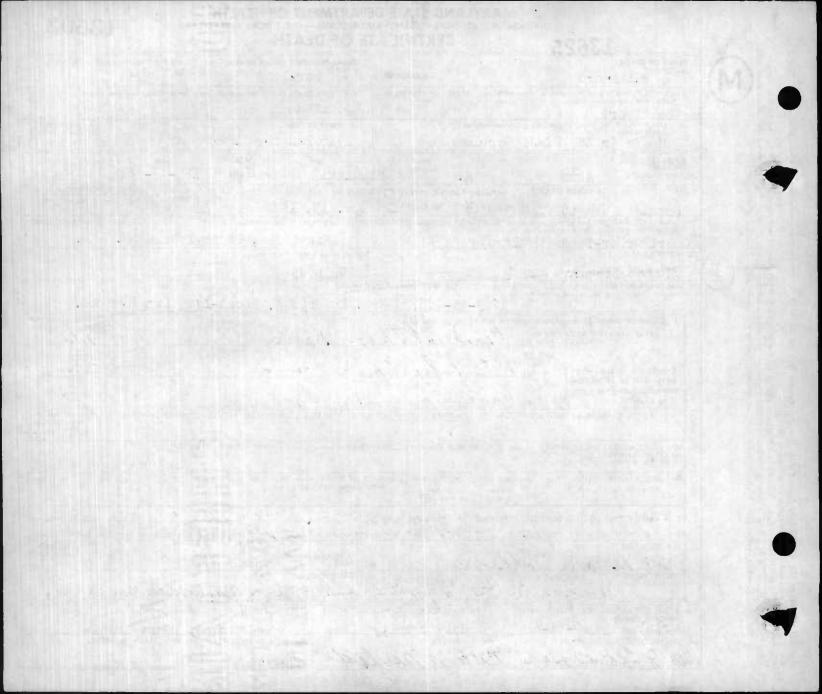
d in by the funeral directar, I and 2 should be filed with

PITAL OR APPRIDING PHYSICIAN: The law requires that the death certificate be executed with the revained by haspital or attending physician.

OF TEAL DIRECTOR: After this certificate has been signed by the attending physician and completely findage 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours offer death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY	before admission)						
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e neorest tawn)						
RURAL and give nearest town) Baltimore	Woodlawn							
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
OR INSTITUTION House in the Pines Nursing Home	1716 Langford Road #7	ON A FARM?						
3. NAME OF First Middle	Lost 4. DATE Month	Day Year						
DECEASED	ikulski OFATH 12 - 7- 61	19						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS						
Female White WIDOWED TO DIVORCED	Nov. 13, 1902 last birthday) Months D	ays Haurs Min.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZE	N OF WHAT COUNTRY						
during most of working life, even if retired) Short Order-Cook (Retired)	Nanticoke, Pennsylvania U.	SA.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Thomas Stegura	Unknown							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	TENENT L						
(Yes, no, or unknown) (If yes, give war ar dates of service)	rs. Dolores A. Moore-1716 Langford	d Rd.						
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	3. DOLOTO 11. 110010 11. 12. 12. 12. 12. 12. 12. 12. 12. 12.	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH						
IMMEDIATE CAUSE (0) Crestral 12	2020 poro	Jan.						
17/X DUE TO 2 4 8 %. R								
Canditions, if any, which (b) Aslastale La	remona	3 Denj						
gave rise to immediate couse (a), stoting the under:	N	1 agam "						
lying cause last. (c) Carelowna /	Ceron	171						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?						
8		YES NO						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I ar Part II of item 18.)							
	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Cal	unty) (State						
Hour o. m. P. m. 19 While Not while of work of work	ctory, street, office bldg., etc.)							
	10-1 1051 10-7 10/							
21. I certify that (I) (this haspital) attended the deceased fram.								
saw the deceased alive an 12-7-1961, and that d	leath accurred at the tram the causes and an the	date stated above						
Jul 49 91	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.	SIGNE						
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d, ADDRESS							
NAME (Type) Wilsestr K. Gallagerma	5. 6209 Frederick ave, Catonsville	28, md.						
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, tawn, ar county)	(State)						
REMOVAL (Specify) Burial 12-11-61 Holy Tripity	Nanticoke, Pennsylva	ania						
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN							
Um. 9 Ichard alound Bolt in may	land DATHER 8 161							
The state of the s	CAMA DAIDEC 8 '61 CITY OF	and the first						



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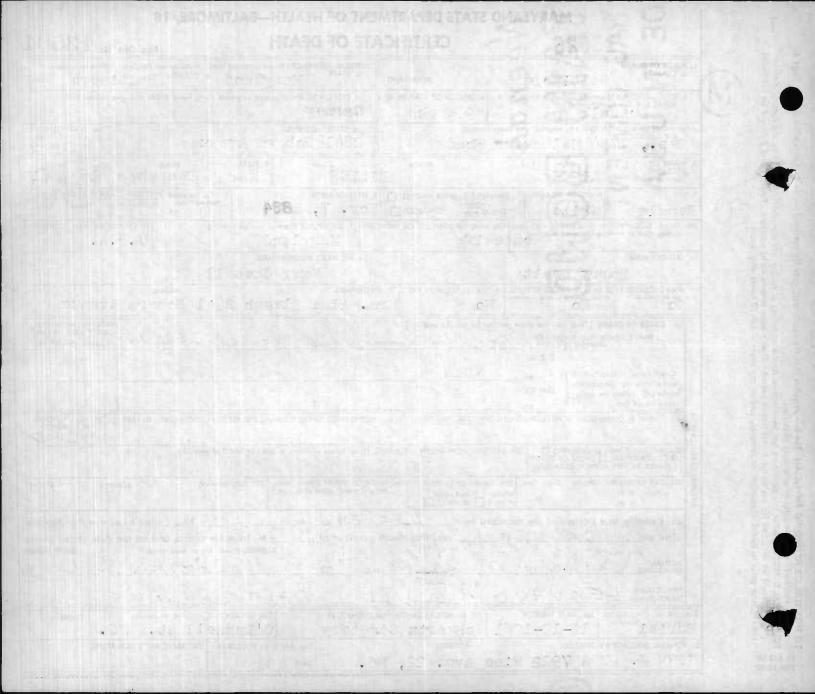
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 13604

	keg. bist. tec.
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Dundalk C. LENGTH OF STAY IN 16 9 Weeks	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) Res., 1734 Melbourne Road	d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NOT
3. NAME OF First Middle	MILLER Lost A. DATE Month December 16 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH NOV. 7, 1884 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired Housewife	USTRY 11. BIRTHPLACE (Stote or fereign country) Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Beatty	Mary Cassell
IYet on or unknown! . Iff we own was as dates of service!	rs. Alma Bleach 2841 Robern Avenue
Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While Nat while of work of wark	actory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram	th accurred at 6 AM, fram the causes and an the date stated above ADDRESS (Street, city or town, stole) M.D. 7538 HOLABIRD AU-12-18-6 LO BALTO. 22, MD
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY BURIAL Schwartz Co	The state of the s
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
JOHN J. DUDA 7922 Wise Ave. 22.	Md: DATE C 2 1 '61 Call of the



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13628

13606

1. PLACE OF DEATH Balfing Carl MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town Styleny Styleny	c. CITY OR TOWN (If putside carporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Sherwood Road	d. STREET ADDRESS On A FARM? YES NO						
3. NAME OF DECEASED (Type or print) The philips Orla	Minnich DATE December 25 1961						
S. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 8 april 1883 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.						
10a. UŞUAL OCCUPATION (Give kind of wark dane düring most of warking life, even if retired) Ston Ecualist Manual Manual S	Cockeysville, Belte Co, USA						
13. FATHER'S NAME TOLIN MINNICH.	14. MOTHER'S MAIDEN NAME Martha Chler						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes. give wor or dates of service) 215-05-8156	vife - mary A. Same						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	interval Between ONSET and DEATH 3 Glans						
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	oric andio rescularecusione yeurs						
5 Pneum caeniosis	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature af injury in Part I ar Part II af item 18.)						
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. The Haur a. m. While at wark at wark at wark at wark	PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.) (City or tawn) (Caunty) (State)						
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive of the transfer of th	deoth occurred of A.M., from the couses and on the date stated above.						
220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. Director Director 25 December 19 6 1							
22c. PHYSICIAN'S NAME (Type) Walter T. 13EES	22d. ADDRESS Cackey Swille, maryland						
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUrial 12-28-61 Poplar Gre							
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Brooks Funeral Service. Towson4.1	Md. DATE DEC 2 7'61 0 51 - 8 55						

be retained the hospital or ottending physician.

NERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely ed in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-frours Offer death. IDING PHYSICIAN: The low requires that the death certificate be executed within

34 haurs after

VR A15 (4) 15M 9/59

. D. . elliveratori de la more versor de la color de la la la la color de la la color de la la color de la color d Sproks funered Service, Tombon, ad.

th. Page 4 the retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

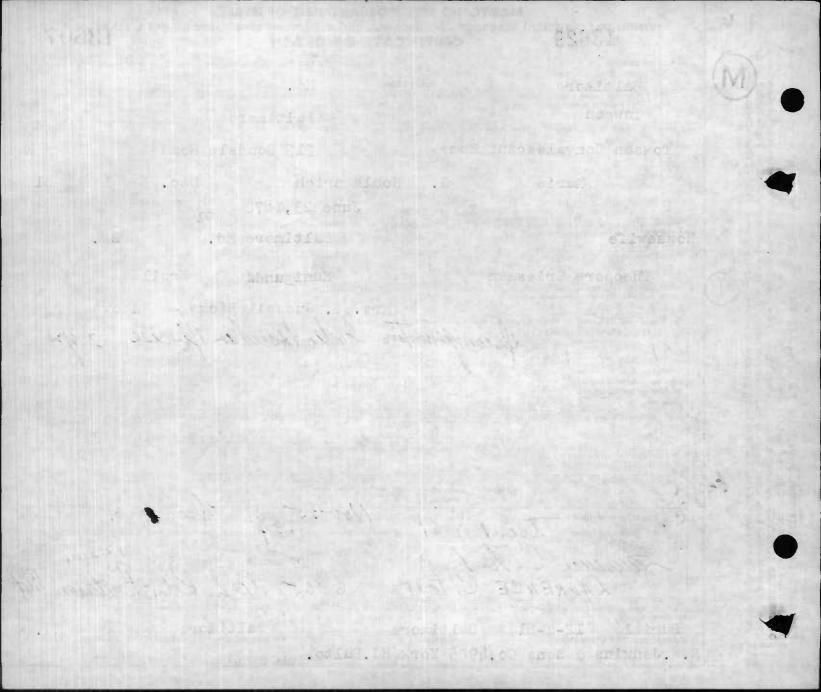
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7

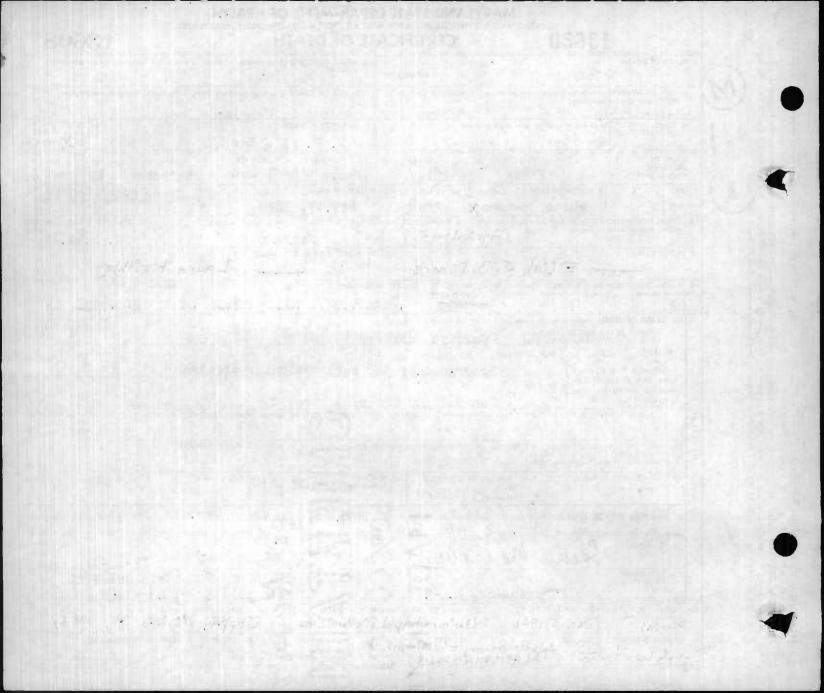
1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara dacaesed livad, If institutions Residence before edmission)
e. COUNTY	e. STATE b. COUNTY
Baltimore MARYLAND	Md.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporeta limits, write RURAL end give naarast town)
Towson	Baltimore 3V01.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
M	ON A FARM?
Towson Convalescent Home	215 Goodale Road YES NO X
DECEASED	Last 4. DATE Month Day Yaer OF
(Type or print) Marie G. Moh	lhenrich Dec. 1 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F W WIDOWED X DIVORCED	June 23, 1870 last birthday) Months Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, aven if retired)	RY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, aven if retired) HOUSEWITE	Baltimore Md. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
m 2	77 1 77 1 77
Theodore Griesman	Kuniganda Kroll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivawerordates of servica)	INFORMANT
My	s. T. Russell Hicks A Above
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) LECONIFERENTE	course procure procure 2 yrs
DUE TO	
Conditions, if any, which 7 (b)	
geve risa to immediate cause DUE TO	
(e), sleating the underlying	
cause last. (c)_	TOTAL TO THE TOTAL PROPERTY CONDITION ON THE PARTY (), 40. WAS ALTONOMY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part I or Part II of itam 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N ON CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Sleta)
Hour e.m. While Not While at work at work	ctory, straat, offica bldg., etc.)
p.m. 19 at work at work	Alacas at Alas Sil
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	t death occured att. M, from the causes and on the date stated above.
22e. SIGNATOR	13/ 22b. DATE
Laurena (Took)	ATTENDING MED. STAFF DIRECTOR PHYS. D
22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS.
NAME (Type) / 11 DENCE	680 - How I d - Katherine Mid
NAME TO CE CITOST	ood Jour ton Lauren "9
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 3d. LOCATION (City, town or county) (Steta)
REMOVAL (Specify) Dumi ol 10 1 10 1 10 10 10 10 10 10 10 10 10 10	Baltimore Md.
Burial 12-4-61 Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Se, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
H.W. Jenkins & Sons Co. 4905 York Ro	
In.M. Jenkins & Sons CO. 4402 Tork M	1. DEL TO COATAFO 5 161 Contag & Trans



December 2 Page 4 TO NREAL DIRECTOR: After this certificate by the attending physician and campletely ed in by the funeral director. TO NREAL DIRECTOR: After this certificate has been signed by the attending physician and campletely ed in by the funeral director. TO NREAL DIRECTOR: After this certificate has been signed by the attending physician and campletely ed in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.	
NDING PHYSICIAN: The low requires that the death hospital or attending physician. C. After this certificate has been signed by the attendinached for use as the burial-transit permit. Then please this priar to burial, cremation, ar remayal, and in any any	
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TO SPITAL OR AT DE retained the Comment of the State Board of Hes	/

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

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1. PLACE OF DEATH o. COUNTY B	altimore		MARYLANI		- STATE	ence (wi		lived. If institut b. COUNTY		before admiss	sion)
b. CITY OR TOWN (If RURAL and give ne	f outside corporate limi orest town)	ts, write	c. LENGTH OF STAY IN 18		c. CITY OR TO	OWN (If a	outside corporo	ite limits, write F	RAL ond give	nearest tow	n)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	days oddress)		d. STREET AD	DRESS	Mary lar		117	ONA	SIDENCE A FARM?
SPRING GRO	OVE STATE	HOS	PITAL.		R. D.	#1	- Box l	122	170	YES	NO
3. NAME OF DECEASED (Type or print)	Fra Fra	st ank	Middle Keithley		Lost Moore		4. DATE OF DEATH	Dece	mber	Day 12	Yeor 19 6
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED] B. D	ATE OF BIRTH		9	. AGE (In years			_
male	white	WIDOW	The second secon		Nov. 7	, 18	79	last birthdoy) 82 yrs.			
10a. USUAL OCCUPATIO during most of work I a TM	ing life, even if retired		KIND OF BUSINESS OR INI	DUSTRY		CE (Stote		intry)		S. A	
13. FATHER'S NAME				1	4. MOTHER'S A		NAME				
unkne	own Elijal	12.	B. MOORE	5		unkn	own L	-AUTA	KEithIR	E)	1 - 4
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	, INFO	RMANT			Add	dress		
no	, , , , , , , , , , , , , , , , , , ,		anknown R	eco	rds: S	PRINC	G GROV	E STAT	E HOSF	PITAL	
Conditions, if or gove rise to in cause (a), storing I lying couse lost. PART II. OTH	the under-	DITIONS C	Cardiac fails rteriosclero	tic cter	iosclei TRELATED TO	rosis THE TERM	3 INAL DISEASE	CONDITION GI	VEN IN PART 1((o) 19. WAS PERFC	ORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	004 11	AULIBY OCCUPATED 200	DIACE	OF INJURY (H	ama fara	n, 20f. (City o		(Cou	-1.)	(Stote
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED 20e. Not while k ot work		, street, office			or rown)	(C00	nry)	(31011
21. I certify that N (this hospital) attended the deceased fram. saw the deceased alive an Dec. 12 1961, and that deceased size and the size of the si					h accurred	1:50)	Dec. 12 he causes as		22	
22c. PHYSICIAN'S NAME (Type)	Stella Wa	chsle	er. M. D.	M.D	22d. ADDRES	s SPI	RING GR		ATE HOS	PITAL	
230. BURIAL, CREMATIO REMOVAL (Specify))F	23c. NAME OF CEMETERY					ON (City, town,	. 0	(Sto	
24. FUNERAL DIRECTOR			way twill am				D BY REGISTR	AR 25b. REG	ISTRAR'S SIGN.	ATURE	



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13631 CERTIFICATE OF DEATH

		II a secret programme (iii) is a fill of the contract of the fill of		
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara daceasad livad, If Institution, Rasidence bafore admission) a. STATE As S b. COUNTY		
1	Baltimore MARYLAND	a. STATE Md		
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
I ,	write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write KOKAL and give nearest lown)		
	Parkville	X Parkbille		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE		
X		ON A FARM?		
1	7602 Park Drive	7602 Park Drive YES NO D		
	3. NAME OF First Middle	Last 4. DATE Month Day Year		
	DECEASED	OF		
	(Type or print) James (. More	gereth DEATH 12 2 1961		
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
	male write wipower of	A dest birthday) Months Days Hours Min.		
	MIDOWED NOOKED	04 310/0 63 yrs.		
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if rejuid)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
	Shipping (Lep K	Maguland USA		
	13. FATHER'S NOME	14. MOTHER'S MAIDEN NAME		
	M. Thirty Ignie	14. MOTHER'S MAIDEN NAME		
-	HENRY MARGEREIL	FLIZADEIN DEUMIER		
.)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address		
	(Yas, no, or unkown) (If yas giva war or dates of service)	man = T		
	3/4-05-05/2-	MIRS MARRIARE 1) MORGEREIN		
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]	INTERVAL OTWEEN		
	PART I. DEATH WAS CAUSED BY	noma Quernes. on mos		
	IMMEDIATE CAUSE (a)			
	DUE TO	1/1 /2 /2 /2 /2		
	Conditions, if any, which) (b)	noma. Algentoid 1/2 ms		
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1	(a), stating the underlying DUE TO	Cond Vacha Ves 5+40		
	cause last. (c)	. e.d. recept out		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY		
97		LO JAN YES NO X		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NO 2De. ACCIDENT WAS UNDERLYING 2Db. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter natura of injury in Part I or Part II of itam 18.)		
	OR CONTRIBUTING CAUSE OF DEATH			
ш		CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State)		
	Hour a.m. Whila Hor Whila facto	ory straet, offica bldg., atc.)		
	p.m. 19 at work at work	12 X 00 / 6/ 0		
	21. I certify that (I) (this hospit) attended the deceased from	(I) (we) last		
	saw the deceased plive on the 196, and that	death occurred and		
-	Too General Filling III	22M DATE		
	TOUR BUILDING	ATTENDING MED. STAFF SIGNED		
	M. Court. T. M.	D. PHYS. DIRECTOR PHYS. DIRECTOR		
	22c. PHYSICIAN'S	22d. ADDRESS , 1 / 1 / D / T/A / //		
	NAME (Typa) FRANKY, KHISIK VR.	9005 Harford Rd, BRIVET Mer.		
	23 RURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CRIMATORY 23d LOCATION (City, towor'or county) (State)		
	23 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OK CHEMATORY (CITY, TOWN OF COUNTY) (STORY)		
	12-6-61 Corpuro	vo cem suis end		
	24 FUMERAL DIRECTOR'S SIGNATURE . ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		
	Ten e 1 Pr 6 130 / Lanks	DADEC 5 '61 arthur S. Thomas		
6	Jorrana Jacob 1000 1 voget	DAMESMA & COSCORDI Z. TOURISM		

1838 X-Shipping Clerk Contractioned HUNGY PLOEGERS ELIZADETH ECHIPTER 14-05-4565-1145 11449118-17 11218180-13 Call & Mary Develop & The Contract feelings & Daniel CENTRAL SOLD SURFER STREET Care or face FRANKT KASIK TR. GOOTHOLD R.F. BOTO POLL. 12001 / Body out / 24 / 25 224 Jan The the was a second of the first of the second of the sec

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13632 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed , b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If putside carporate limits, write RURAL and give negres) town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Pe should Baltimore City Rd. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Register Ave & Sherwood
Armacost Nursing Home e. IS RESIDENCE ON A FARM? Homeland Avenue YES NO NAME OF First Middle 4. DATE Manth Year DECEASED OF DEATH 12/12/61 (Type or print) AUGUSTA MULLIN 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Davs Hours WIDOWED TX DIVORCED | Female 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Union Mem. Hospt. Harford Co. Reg. Nurse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary C. Wright John P. Webster, Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Miss. Kathleen Scriven-415 Homeland Ave. no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) umor 3 1200 DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while While at wark ot work - 12 , 19/1 , that I last saw the deceased . 1960. to 21. I certify that I attended the deceased from. ___, and that death occurred at 10 13PM, from the causes and on the date stated above. ADDRESS (Street, city ar town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Cathedral Balto. Citv FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

DATEDEC 1 9 '61

VS A1S (4) 15M 9/S5

Element - Elements Secretary 15 1 a / here THE REAL PROPERTY OF THE PARTY OF THE PARTY

and completely filled in by the funeral carbon papers. Pages 1 and 2 should it, within 72 hours after death. 's after TOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The Page 4 m I retained by the hospital or attending physician.

CHUNERAL DIRECTOR: After this certificate has been signed by the attending physician and concluded the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attended. MARYLAND STATE DEPARTMENT OF HEALTH

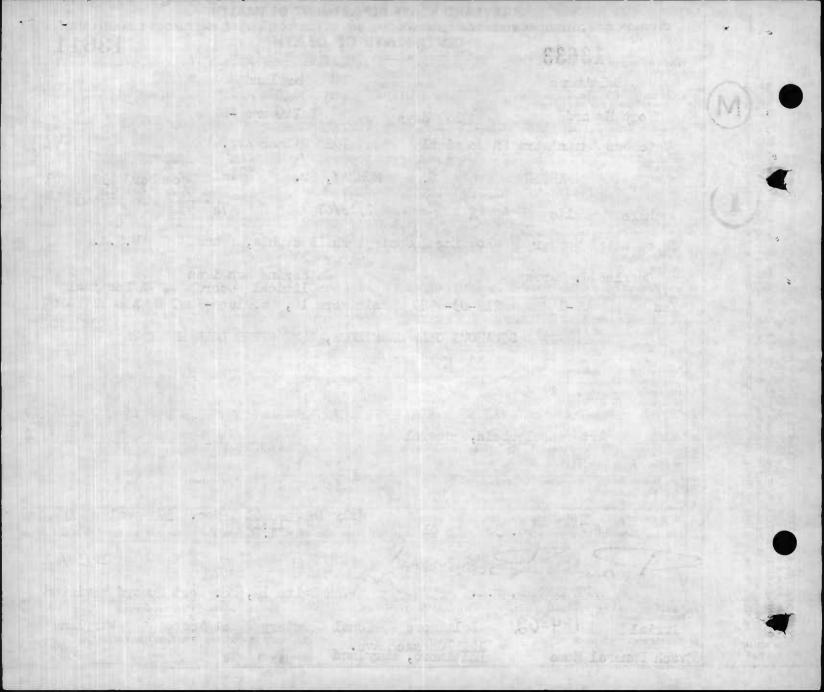
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.3611 13611 12022

1. PLACE OF DEATH 1000	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)								
a. COUNTY	o. STATE Maryland b. COUNTY A 11								
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)								
write RURAL and give nearest town)									
Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore -6								
	ON A FARM?								
Veterans Administration Hospital	113 I HO KE								
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year OF								
	RRAY, Sr. December 30 1961								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min								
Male White WIDOWED 1 DIVORCED 2	2/13/87 74 yrs. Months Deys Hours Min.								
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
done during most of working life, even if relired) Sheet Metal Worker Roofing Industry	Philadelphia, Penna U.S.A.								
13. FATHER'S NAME									
Charles J. Murray Catherine Hannigan									
Charles J. Murray Catherine Hannigan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTCLINICAL Records dediess VA Hospital									
	timore 18, Maryland-FORT HOWARD DIVISION								
Yes WW-L 219-03-0729 Bal	I INTERVAL BETWEEN								
	ONSET AND DEATH								
	NOMA, LEFT UPPER LOBE BRONCHUS								
DUE TO WITH LOCAL HETAS	TASES Unknown								
Conditions, if any, which (b)									
geve rise to immediate ceuse (a), steting the underlying DUE TO									
ceuse lest. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
Arteriosclerosis, general	PERFORMED? YES NO X								
Arteriosclerosis, general 20a. Accident was underlying a contributing to death but no general 20b. Describe How injury occured. OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	(Enter neture of injury in Pert I or Pert II of item 18.)								
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)								
at week a second	ry, street, office bldg., etc.)								
	July 1/11961, to Dec. 30 1961, that (1) (we) last								
21. I certify that (N (this hospital) attended the deceased from July 14 1961, to Dec. 30 , 1901 saw the deceased alive on Dec. 30 1961, and that death occurred at A.M, from the causes and on the									
	death occurred atA., from the causes and on the date stated above.								
22a SIGNATURE	ATTENDING MED STAFF 12 70/20/6-SIGNED								
22c. PHYSICIAN'S COMMENT	D. PHYS. DIRECTOR PHYS. ALL 12/30/01								
NAME (Type) PAUL BORNEL, M.D.	VAH Balto 18, Md. Fort Howard Division								
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C									
REMOVAL (Specify) Burial 1-4-62 Baltimore Nati	onal Cemetery Baltimore Maryland								
24 FUNERAL DIRECTOR'S SIGNATURE 1211 DRIES aco Av Baltimore, Mary									
Ovacii I care at mone par other of that	Letter DATELAN 3 162 Contrary & Thomas								

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 13634 Reg. Dist. Non 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND the funeral should be f b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) ARNE ARNE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 3018 NAME OF Middle Last 4. DATE OF Month DECEASED RANCES DEATH (Type or print) e25 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH completely lost birthday) Manths WIDOWED DIVORCED T yrs papers 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death pup ENH UILd 012 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which been signed gove rise to immediate **DUE TO** couse (o), stoting the underburial-transit puo lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate has 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY CURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day Year 20d. INJURY OCCURRED. (County) foctory, street, office bldg. Haur o. m While at work hospital After 21. I certify that I attended the deceased from 1961, that I last saw the deceased that death occurred at/15AM, from the causes and on the date stated above. alive an , and NERAL DIRECTOR: ACTUAL shauld be SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 229 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) m 62 d 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

15M 9/5B

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

PERFORMED?

(Stote)

DATE SIGNED

(Stote)

YES | NO

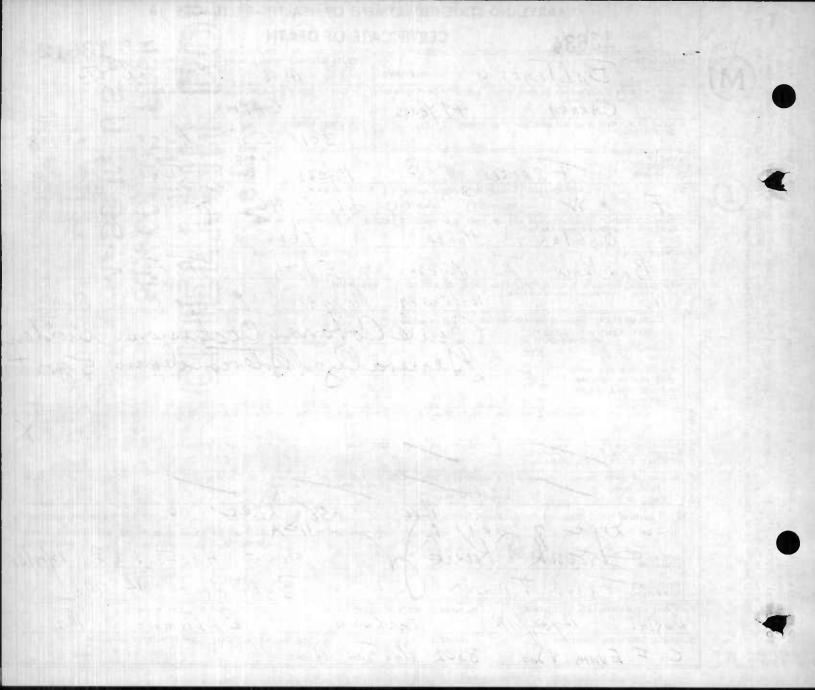
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ON A FARM?

YES NO NO

Yeor

19 61



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

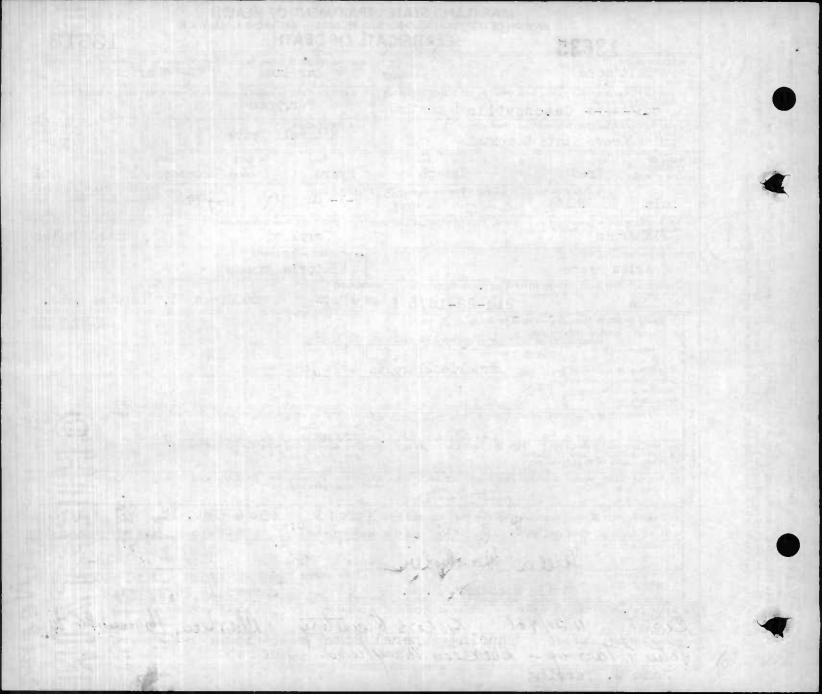
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13635 CERTIFICA	AIE OF DEATH	OTO
1. PLACE OF DEATH COUNTY TIMO TO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTYHarford	re admissian)
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURA and give nearest town) Baltimore Catonsville 8 months	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nea	rest fown)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pring Grove State Hospital	d. STREET ADDRESS Mitchell Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Fred Joseph	Myers 4. DATE Month Do OF DEATH December 18	y Yeor 1961
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. MIDOWED DIVORCED	B. DATE OF BIRTH 9-3-811 9. AGE (In years IF UNDER 1 YEAR 77 79 79 79 79 79 79 7	Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7172
Charles Myers	Victoria Sachen	
(V	informant Address Lee Myers 66 Green St. Aberdeen	, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. Congestive hea DUE TO (b) Arteriosclerosi DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CAPCING OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DE POSTA TE RED. (Enter nature of injury in Part I or Port II of item 18.)	9. WAS AUTOPSY PERFORMED? NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of wark	PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 20f. (City or town) (County)	(State
21. I certify that **() (this hospital) attended the deceased from saw the deceased alive an Dec. 18 1961, and that	death occurred ofM, from the causes and an the date	at (I) (we) last stated above.
220. SIGNATURE Stella Wacksler	M.D. ATTENDING MED. STAFF PHYS. 12-18-	22b. DATE SIGNED
22c PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOS Cat on sville 28, Maryland	SPITAL
230. BORIAL, CREMATION, 23b. DATE THEREOF 23C. NAME OF CEMETERY 12/20/196 Dates	Demetery Shoxbeen Harton	Po. Tud.
John G. Tarring - Helkley War		

the attending physician and campletely field in by the funefal director. Then please remove corban popers. Pages 1 and 2 shauld be filed with JUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely repose 3 should be detached for use as the burial-transit permit. Then please remove corban popers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 22 hours, after death. haspital ar attending physician. be retained b VR A1S (4) 15M 9/S9

John G. Tarring

DING PHYSICIAN: The law requires that the death certificate be executed within



ADDRESS

Walter Brooks Bradley, Inc., Dundalk 22, Mcoate DEC 28'61

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Calling & Thouse

or offending

23. FUNERAL DIRECTOR'S SIGNATURE

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	AND SHOPPING AND SHOP	
	Name of the last	
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		mater teminer I. redres
The state of some		A CONTRACT OF THE SECOND
		Maria de la companya

funeral th. Page 4 may be retained by the hospital or attending physician.

CEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

after

91ed within 24

The law requires that the death certificate be

PHYSICIAN:

TENDING

1. 1

CERTIFICATION

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13637 CERTIFICATE OF DEATH 13615 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacased livad, If institution: Rasidence bafora admiss b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if nof in hospital, give street address) C. EENGTH OF STAY IN 1b 119 Days C. LENGTH OF STAY IN 1b ACCURTY Reisterstown d. STREET ADDRESS ON A FAMOUR OF THE PROPERTY OF THE PROP	
1. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Them 4 Film G302 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admiss a. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Reisterstown d. STREET ADDRESS e. IS RESIDEN	
a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. STATE MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Reisterstown d. STREET ADDRESS e. IS RESIDER	
Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown d. STREET ADDRESS d. STREET ADDRESS e. CONTI	sion)
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Reisterstown d. STREET ADDRESS e. IS RESIDER	,
Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDER	
ON A FAI	NCE
77 1 A 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Veterans Administration Hospital Maryland YES NO NO NAME OF First Middle Last 4. DATE Month Pay Year	X
DECEASED	
(Typa or print) CLARENCE A. NASH December 6 5 1961	
5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Mi	_
Male White WIDOWED DIVORCED October 9.1892 69 yrs. Months Days Hours Mi	n.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUN	TRY?
dona during most of working life, even if retired) Compart on Montal and II C A	
Carpenter Construction Trenton, Maryland U. S. A. 13. FATHER'S NAME U. MOTHER'S MAIDEN NAME	_
George A. Nash 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyasgivawarordalasofservica) Clinical Records, VAH, Baltimore 18, Marylar	he
Yes WW I 215-01-0370 Fort Howard Division	
18. CAUSE OF DEATH [Enlar only one cause par line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNGS WITH METASTASES UNKNOWN	
163 X DUE TO	
gave risa lo immadiata causa	_
(a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED Urinary tract infection. Bronchopneumonia 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PSY O?
Jurinary tract infection. Bronchopneumonia	EJ.
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.)	
B (IF CONTIET MEDICAL EXAMINER)	
Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State factory, street, offica bldg., atc.)	
21. I certify that XI) (this hospital) attended the deceased from August 8 19.61 to December 5 19.61 that (X (we)	
saw the deceased alive on December	
22a. SIGNATURE 22b. DA ATTENDING MED. STAFF	TE
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1256	5/6]
22c. PHYSICIAN'S 22d. ADDRESS	
NATRUTNG FREEMAN, M.D. VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION	ON
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)	-
REMOVAL (Society) 12-9-196/ Grace Methodist Church Baltimore County, Maryland	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	_

VR A15 (4) 15M 9/60

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DATE DEC 11 '61 Curling S. Hand

Hampstead, Maryland Edward C. Tipton

DATE

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Alverd C. Lipton in a problem, 181 1814

LOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rs after the Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and curvaletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MADVIAND STATE DEDADTMENT OF HEALTH

	THUIS SIVIE BEI WILLIAM	AMILE OF THE PARTY	
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS, 301 W.	PRESTON STREET, BALT	IMORE 1, MARYLAND
13638	CERTIFICATE OF	DEATH	400

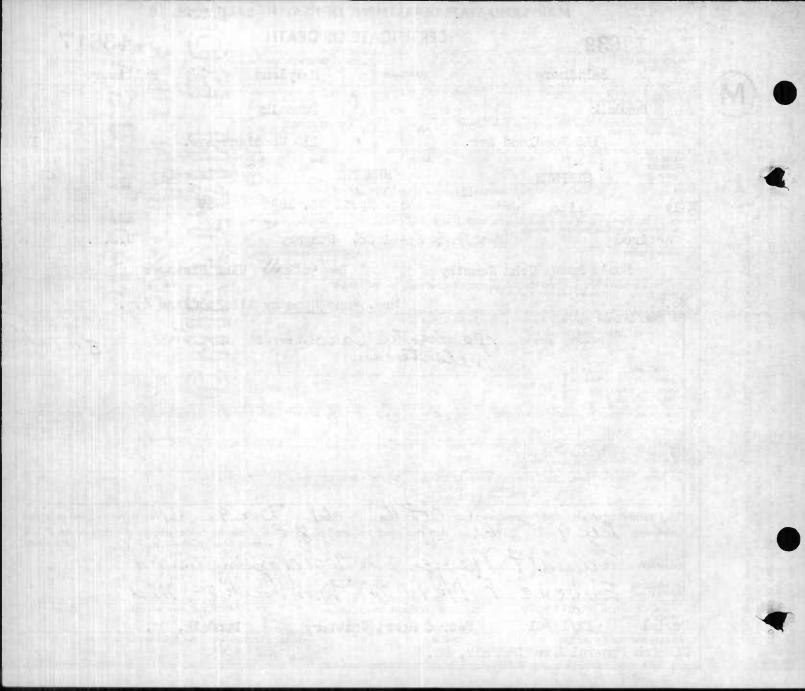
	13638		CERTIFICA	IE OF DEAT	H		12616
1. PLACE OF DEATH					NCE (Where deceased lived, If ins		ence before admission)
a. COUNTY	timore		MARYLAND	e. STATE Marv	b. COUNTY		
b. CITY OR TOWN (i	f outside corporete limit	s,	c. LENGTH OF STAY IN 18		(If outside corporete limits, write R	URAL and giv	re nearast town)
	give neerest town)		2 Doses	Pol+	imore	211	11-4
	t Howard	f not in hosp	3 Days	d. STREET ADDRESS		011	I . IS RESIDENCE
	Administra						ON A FARM?
3. NAME OF	First	CTOH H	Middle	Lest 2447	McCulloh Street	De	YES NO Yes
DECEASED (Type or print)	1 1121		Widdle	Fazi	OF		
	WILLIA		L	NASH	Decembe		.6 19 61.
5. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers IF A	Months Days	
Male	Colored	WIDOWED		May 9, 1914	47 yrs.		
10e. USUAL OCCUPATI	ION (Give kind of work rking life, even if retire	10b. KIN	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	unty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
Cook				Catawba,	South Carolina	US.	A
13. FATHER'S NAME				14. MOTHER'S MAIDEN			
Thomas Na	ash			Sadie Jo:	rdan		
15. WAS DECEASED EVE	ER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Address		
(Yas, no, or unkown) (If	WW II		97-03-6208 E	Linical Record	rds, VAH Ft Howa Maryland	rd Div	ision
	EATH Enter only one		e for (e), (b), end (c).]	erremore ro	Mar Aratic	[1]	INTERVAL BETWEEN
	H WAS CAUSED BY:	200777	T COLTY A			(ONSET AND DEATH
450	IMMEDIATE CAUSE (e)	PNEU	JMONIA				6 days
1773	DUE TO						
Conditions, if any							
(a), stating the ur	DITE TO						
cause lest.) (c)						
Z PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	I IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
Diabets	Mellitus:	Laenne	ec's Cirrhosi	s; Delerium !	Tremens		YES NO X
E 20a. ACCIDENT W	AS UNDERLYING TO				n Pert I or Pert II of item 18.)		TO THE PERSON
UF EITHER, NOTIFY	MEDICAL EXAMINER)						
ZOc. TIME OF INJU	RY Month, Day, Yes	er 20d. IN	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, fe	rm, 20f. (City or town)	(County)	(State)
20c. TIME OF INJU		While et work		actory, streat, office bldg., el	tc.)		
	19			7 7 70	1/2 2	26.00	
21. I certify the	hat (this hospit	al) attend	ed the deceased from	December 13	15A, 10December		
	ed alive on Dec	ешрег	10 19 01, and th	at death occured at	M, from the causes ar	nd on the	
22a. SIGNATURE	()			ATTENDING	MED STAFF		22b. DATE
(John	D Jak	rest	mis	M.D. PHYS.	DIRECTOR PHYS.		12/10/6
220 HYSICIAN'S			-	22d. ADDRESS			
JOHN 'D'.	TALBERT, A	cting	Chief, Medic	al Service V	AH Balto 18, Md.	,Ft Ho	ward Div
23e. BURIAL, CREMATI		EOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town	or county)	(State)
REMOVAL (Specify) Burial	12-21-	61	Baltimore Na	tional Cemete	ery Baltimore,	Maryla	nd
24 FUNERAL DIRECTOR	'S SIGNATURE	19.5	ADDRESS	25e. R	EC'D BY REGISTRAR 256. REGIS	STRAR'S SIGN	NATURE
T13 . O	2000			DADE	C 2 9 '61 author	1 S. That	M.
Firoy O. M	11son 1000	Brant.	ley Ave Balto	1/, Ma			

WENEL L The state of the second st Tirroy C. & Ison 1000 Tundle; Ave Lat. o 11; In

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	136	39	37	CERTIFIC	ATE	E OF D	EATH			R	eg. Úst	36	17	
	COUNTY	Baltimore	251	MARYLAND		o. STATE ME	ence (Whe		b. CO	unty B	Residence altim	before lore	odmissi	on)
Ь	CITY OR TOWN (RURAL and give n Dunds	If autside corporale lime egrest town)	its, write	c. LENGTH OF STAY IN 16	X	c. CITY OR TO	own (If ou		rote limits, w	rite RUR	AL and giv	e neore	st lown	
d	OR INSTITUTION	TAL (If not in hospital, g				d. STREET AD		odlan	d Ave.			-		DENCE FARM? NO K
D	AME OF ECEASED ype or print)	STEPHEN	rst	Middle N	EME:	Lost		4. DATE OF DEATH	Dece	Month mber		Day 9		eor 61
5. SE		6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED		ril 24,	, 1892	2	9. AGE (In	years IF day) A	Months D	_	UNDE Haurs	R 24 HRS. Min.
	Retired	ON (Give kind of work king life, even if retired)	kind of Business or Indethlehem Steel	Co	. Hung	gary	Dy's	ountry)		U.S		VHATC	OUNTRY?
13. F	ATHER'S NAME DOT	it know J	ohn N	emethy	14	Dog.	L lator		na Wis	inge	r			
{Yes,	VAS DECEASED EVE no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s				Anna Ne	emethy	7 113	Woodl	Address				56
	Conditions, if components to its course (a), stating lying course last.	the under-		pancreatic metastas	is							3	71/6	
CERTIFICATION		HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH 81							I IN PART 1		PERFO	UTOPSY RMED? NO
	or contributing	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUR	RED. (En	nter noture of	injury in Po	ort I or Por	t II at ilem I	8.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED 20e. Nat while at work	PLACE (factory,	OF INJURY (H street, office	ome, form, bldg., etc.)	20f. (Cily	or lown)		(Ca	unty)		(Stole)
	21. I certify the alive an	out I attended the	7 7 7 7	ped fram Oct 16	th occ _M.D.	7001	SPI	M, fram	treet, city or	es and	an the		tated	
B	BURIAL, CREMATIC REMOVAL (Specify UPIAL	12/12/61)F	Sacred Hear		emetery		Di	rion (cify, t	Md.			(Stote)
	UNERAL DIRECTOR	rs signature neral Home	Dund	alk, Md.			24a. REC'D		RAR 24b.		Lan 8.	1 0	A	

ed in by the funeral directar, Pages 1 and 2 should be filed with ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de A VERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Page the registror priar to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR A TO 7 VS A1S (4) 15M 9/SB



TO HOSPITAL OR A DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer danger of the remained by hospital or attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely ed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 22 haurs ofter death. DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter de

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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	MARILAND STATE DELARIMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLA
12620	CERTIFICATE OF DEATH

3 (11)	· U								1	
1. PLACE OF DEATH - o. COUNTY	•			USUAL RESIDENCE	CE (Where dec		f institution	n: Residence b	efare admis	sion)
Bal	timore	MARYLA	AND	Ma	ryland	0.				
b. CITY OR TOWN (If outside RURAT and give nearest towns	corporote limits, write vn)	c. LENGTH OF STAY IN	116	c. CITY OR TOW	N (If outside o	corporote limit	s, write RU	RAL ond give	nearest tow	n)
Catonsville		7mthsl6dv	S	Balti	more			3V1	01-4	
d. NAME OF HOSPITAL (IF no OR INSTITUTION	t in hospitol, give street	address)		d. STREET ADDR		Man.			e. IS RES	SIDENCE A FARM?
SPRING GROVE	STATE HOS	PTTAI.		1144	West L	ombard_	Stree	t	YES [] NO []
3. NAME OF Mary (Type or print)	First I	Edna Middle Edna		les Lost C ickels	' OF	ATH	Month		Day	Yeor
	T-			ATE OF BIRTH	1884		Decer	nber 20		19 61
	hite widow	RIED NEVER MARRIED ED DIVORCED		ept. 10,		_ last to		Months Day		Min.
10a. USUAL OCCUPATION (Give	kind of work done 10b.	KIND OF BUSINESS OR				ign country)		12. CITIZEN	OF WHAT	COUNTRY
during most of working life, NOUSEWITE	even if refired}			Mar	yland			II	S. A	
13. FATHER'S NAME			14	. MOTHER'S MA	V				U . 21	•
Samuel Cla	rk			Mary	Sulli	van				
15. WAS DECEASED EVER IN U. (Yes, no, or unknown)	S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT			Addre	ss		-1
	war or dates of service)	unknown	Rec	ords: S	PRING	GROVE	STAT	E HOS	PITAL	
18. CAUSE OF DEATH [Ent	er anly one couse per li	ne for (o), (b), ond (c).]							NTERVAL BI	
PART I. DEATH WAS	CAUSED BY: IATE CAUSE (o)	Toxemia							DINGE! AINE	DEAIII
3 68 X	DUE TO				1000	11 2 4	1400			
Conditions, if any, whi		ltiple decuh	ni+al	annaman						
gave rise to immedia	te Court	TOTATE GECUL	JIGAI	Eangrein						
cause (o), stoting the under			1	2 32						
lying couse lost.		vanced senil				CEACE COLID	TION COVE	1 70 101 101	VID WAS	ALITORCY
PART II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUI NOI	KELATED TO THE	TERMINAL DI	SEASE CONDI	HON GIVE	N IN PART I(C	PERFO	RMED?
PART II. OTHER SIGN 20a. ACCIDENT WAS UNDE OR CONTRIBUTING [] CAU U[f EITHER, NOTIFY MEDICA	RLYING 20b. DES SE OF DEATH L EXAMINER)	CRISE HOW INJURY OCC	CURRED. (E	nter noture of inj	ury in Port I o	r Part II of ite	m 18.)			
		NJURY OCCURRED 2	Oe PLACE	OF INJURY (Hom	e form 20f	(City or town		(Cour	tv)	(Stote
20c. TIME OF INJURY Mont Hour a. m. p. m.	While	Not while		street, office bld		(0)		(000)	,,	(3.0.0
₹ p. m.	ly at wor	rk at work								
21. I certify that 💢 (t		ded the deceased fr	raml	lay_4	719 61	to_Dec	_ 20_	, 1961.	that (1)	(we) las
saw the deceased ali	ve an Dec. 2	0 1961, and th	hat deat	h accurred at	X, fr	am the ca	uses and	an the do	ate stated	d abave
22a. SIGNATURE						47.45			22	SIGNED
J.	fella Was	listes	M.D.	ATTENDING PHYS.	MED. DIRECTO	STAFF		12-20	-61	3101422
22c. PHYSICIAN'S NAME (Type)	tella Wachs	ler, M. D.		22d. ADDRESS	SPRING		100		OSPITA	AL
23a BUDIAL CREMATION 224	DATE THEREOF	23c. NAME OF CEMET	FRY OR CO	EMATORY	Getons	ville-	28 - F	arylan	d	
23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Burial	12/\$23/61	New Cath				ocation (ci		e. Md	(Sto	re)
24. FUNERAL DIRECTOR'S SIGNA	TURÉ	ADDRESS			REC'D 8Y RI			RAR'S SIGNA		
Howard H.	Hubbard 4:	107 Wilken	s Av	e. DA	IFEC 2 2	'61	Clotho	1 & that	AA	

the term of the first of the second of the s Samuel I day agentice full brending if hamely

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH Baltimore b. COUNTY Balt. MARYLAND Md. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 filled in by Pages 1 and P write RURAL and give nearest town) affer Halethorpe Halethorpe Md. vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Elm Rd. 1259 Elm Rd. 3. NAME OF Middle 4. DATE Month Yeer DECEASED OF (Type or print) DEATH Alice O'Connor 1961 19 within Dec 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Months Hours Min Davs WIDOWED DIVORCED YIS. Female white Oct. 30. 1890 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 6 done during most of working life, even if retired) any Housewife none Baltimore Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME piease Pue Matilda krickhaun Bennet Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(Ifyes give weror dates of sarvice) Mary Deitrick 1259 Elm Rd. No 1B. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying burial, cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO F prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer Not While factory, street, office bldg., etc.) While Hour a.m. et work et work p.m 1901. that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from .1.0 22b. DATE 220. SIGNATURE ATTENDING MED STAFF SIGNEDI DIRECTOR PHYS. Clios PHYS. M.D 22d. ADDRESS 34 32 page 22c. PHYSICIAN'S Frederick E.W. Johnson NAME (Type) ector, 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) 23c. NAME OF CEMÉTERY OR CREMATORY REMOVAL (Specify) 1961 Loudon Park Cem. Baltimore Md. Burial Dec ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Christma S. Thomas DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIRECTOR: A should be det

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MARYLAND STATE DEPARTMENT OF HEALTH

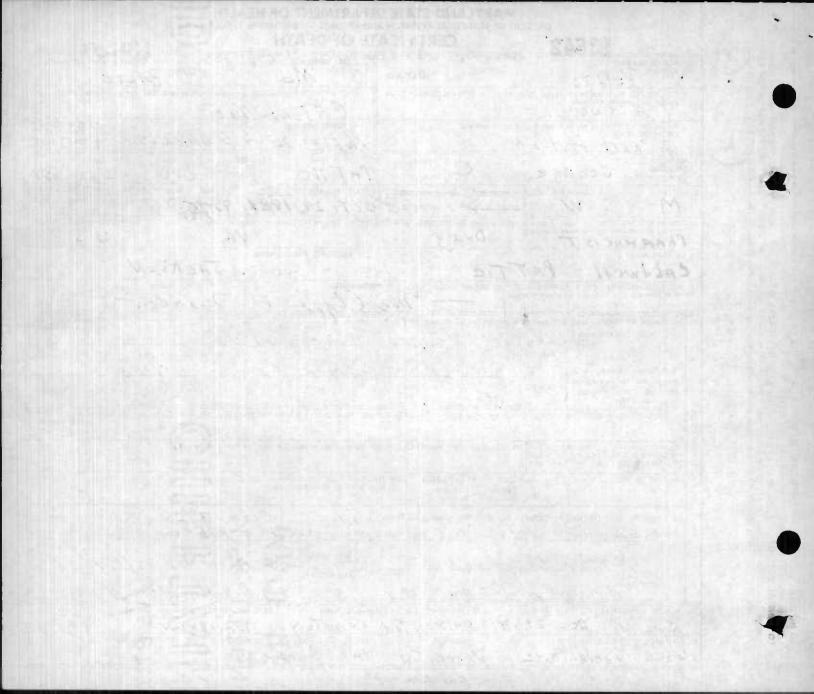
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		1364	2 -		CERTI	FICA	re of D	EATH	160 :		1269	00	
	COUNTY B	ALTO.		tems	MAI	RYLAND	2. USUAL RESII o. STATE	DENCE (Who	re deceased liv	ed. If institutio b. COUNTY	n: Residence be	fore admiss	sion)
	RURAL and give	(If outside cornearest town).	porote limits	, write	c. LENGTH OF STA	Y IN 16	c. CITY OR T	TONY	UlLLE	limits, write RU	JRAL ond give r	nearest town	1)
	d. NAME OF HOSP OR INSTITUTION	PITAL (If not in	hospital, giv	ve street o	ddress)		d. STREET A	DDRESS	· dE.	DMON	DSON	_	FARM?
- 0	NAME OF DECEASED (Type or print)	Geor	geFirst		C , Midd	le	PAT TI	. 1	4. DATE OF DEATH	Dec		-	Yeor 196/
S. S	M	6: COLOR	/	7. MARRIE	DIVORO		DATE OF BIRTI	H 188 9,/18/	9/1 75	AGE (In years ost birthdoy) yrs.	Months Doy		Min.
	Character of war	orking life, eve	d of work do n if retired)	one 10b. K	Drug	OR INDUS			VA.	ทั่) " "	12. CITIZEN	1.5	COUNTRY?
(FATHER'S NAME	-11	PAT	TI	e		14. MOTHER'S	Cora		TACKS			
	WAS DECEASED EV	/ER IN U. S. A			OCIAL SECURITY N	my	Polya	le- 1	W. 5	narl	ow		
7	PART I. DE 422 Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate g the under-	USED BY: E CAUSE (o)_ DUE TO (b)_ DUE TO (c)_	C A	(SERSE)	SE	TAR	è O,	esis pagi	n - UM	ineum	TERVAL BE	DEATH
CERTIFICATION	20a. ACCIDENT WOR CONTRIBUTIN	VAS UNDERLY	ING [] 2		RIBE HOW INJURY						EN IN PART I(o)	PERFO YES	RMED?
MEDICAL	20c. TIME OF INJU Hour o. m p. m		Doy, Yeor	20d. IN. While of work	JURY OCCURRED Not while of work		CE OF INJURY (tory, street, office			lown)	(Count	у)	(Stole)
	21. I certify the saw the decent 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ased alive	The state of the s	attende 176 18	ed the decease 1966, an	d that d	eath accurred A.D. ATTENDING PHYS. 22d. ADDRI	G MEI	M, fram the	STAFF PHYS.	1961. d an the da	te stated	
230	BURIAL, CREMATI REMOVAL (Specif		C -27		23c. NAME OF CE	-	CEMET.	_	23d. LOCATION	N (City, town, o	r county)	Va	
	FUNERAL DIRECTO	R'S SIGNATUI			ADDRESS		VM.	250. REC'D	8Y REGISTRAR		TRAR'S SIGNAT	TURE	

C.S. MACNALD,

VR A1S (4) 15M 9/59

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NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Page State Board of Health prior to buriol, cremation, ar removal, and in an exercise to the corporate page.

NG PHYSICIAN: The low requires that the death certificate be executed within

	MAKILAND STATE DEPARTMENT OF REALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN
-	CEDTIEICATE OF DEATH

DIVISION OF STATISTICA			ORE 1, MARYLAND	
13643 C	EKIIFICA	TE OF DEATH		13621
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When	b. COUNTY	Residence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawe) RUN en Coff ey Svillu Lif	OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RURA	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		1 Sherwood	Road	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Massie M	Middle	Pearce	OF DEATH Decemb	Day Year 1 1961
SEX Color OR RACE 7. MARRIED NEV	ER MARRIED E	2-11-187	last birthdoy) M	UNDER 1 YEAR IF UNDER 24 HR onths Days Hours Min.
Da. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BU during mast of working life, even if retired) House	usiness or indus Home	TRY 11. BIRTHPLACE (State of Mary	,,	12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME	TOME	14. MOTHER'S MAIDEN NA	ME (Sarah Am	
WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1700	VWWWWWW		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC		FORMANT	Address	20121
Yes, no, or unknown) (If yes, give wor or dates of service)	76.4		C	ockeysville 1
		ss Durcas A	· Pierce She	rwood Rd
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b	o), and (c).	4'	Vascula di co	
PART I. DEATH WAS CAUSED BY: A v teni	u SCIENO	Me Condio	Vascula - un ci	we. years.
4221 DUE TO				0
Conditions, if any, which) (b)				
gove rise to immediate Couse (a), stating the under-				
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition given	IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
	INJURY OCCURRED	. (Enter noture of injury in Po	rt I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCI Hour o. m. While Not w p. m. 19 of work ☐ of war	hile fact	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (Stat
21. 1 certify that (1) (this hospital) attended the desaw the deceased alive an Nov 28 196	eceased fram	YNay 19 Seath accurred at TAN	, ta Dec 1	, 19 <u>6</u> 1, that (I) (we) la

220. SIGNATURE

Clai deth B. Shevill

22c. PHYSICIAN'S
NAME (Type) Elizabeth B. Sherrill M.D.

22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county)

23o. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 12-4-190 Jessop Meth Cemetery Sparks Maryland

ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAK'S SIGNATURE

DEC 4 61 CARLING & Thank 12-4-1961

24. FUNERAL DIRECTOR'S SIGNATURE Brooks Funeral Service Towson 4, Md

DATE

(Stote)

THE PERSON NAMED IN COLUMN TWO SERVICES		
	A A SA VENT	
President Company	41.	MATERIAL PROPERTY.
Analysis - Analysis		
LOVE ME SHOW SHOW AND KALLEY	Teomin doley	WWW.EXCHANGE
alivages of the land and		
		State Holl March
		State Holl March
	No stand of the	Andrew Marie Alle

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
68 6			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00
shauld be crematian	(=	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before) Rate
shauld crematic	(M)[,	PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Baltimore	
burial,	0	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give near give ne	
2 - 0		-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e	IS DESIDENCE
directa directa iles.	X		Marshy Point Road Marshy Point Road	ON A FARM?
del eral our f		3.	NAME OF DECEASED (Type or print) TASKER Middle PERRY 4. DATE Month Day OF DEATH December 26.	Year 19 61
# 9 # 9		5.		UNDER 24 HRS.
# ped #			WIDOWED DIVORCED December 28, 1912 48 yrs. Mpnths Days H	lours Min.
ond 3 will be retained 2 will		10	Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) North Carolina 12. CITIZEN OF V	VHAT COUNTRY
20.0-		13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	- Eg. 5/
5 50 0			Unknown Unknown	-((=))
hin 24 live Page . Page			15. WAS DECEASED EVER IN U. S. ARMED FORCES? No (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Chase, Md	
PM3.			I ONSET A	L BETWEEN
m 18			PART I. DEATH WAS CAUSED BY: Mommana 1 Lo ban	longs
exec the feath			49DX DUE TO	
d be			Conditions, if any, which gave rise to immediate cause	
penci penci plang buria			(a), stoting the underlying DUE TO	
in in fice as a	0	Z		WAS AUTOPSY
S 0 5 5		¥	YES	PERFORMED?
be de		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH.	
NER: This he ward cal Exami 3 shauld		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) While NoI while of work of work	(State)
EXAMI rriting t ef Medi R: Page		1	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	and find the
Writing Hief			deoth resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined cause .	and tind tho
AEDIC.			SIGNATURE M.D. CHIEF MEDICAL EXAMINER	ATE SIGNED
the cer	2	-	EXAMINER'S JACK C COLLINS DEPUTY MEDICAL EXAMINER 12	24-61
Par Series	5	22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
T T		22	Burial Dec 30, 1961 Mt Calvary Cemetery Ann Arundel County Mar	ryla nd
VS. A15ME(5)	23	The state of the s	
5M 9/55		-	A. Halstead 918 Druid Hill Ave. Balto., Md. DATE EC 27'61 Chillian A. Thank	

		9- -	

- 10					
	1. PLACE OF DEATH a. COUNTY Saltamore	MARYLAND 2.	O. STATE MARE CA	b. COUNTY	terme
I	b. CITY OR TOWN (If outside corporate limits, write c. L. RURAL and give nearest lown)	Hycars	c. CITY OR TOWN (If outside	corporate limits write RURAL and	give nearest town)
Y	d. NAME OF HOSTITAL (If not in hospital, give street oddre OR INSTITUTION Land	4.)	d. STREET ADDRESS	1 Lane	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) PRESTON	HARRY PI	Lost 4. DA		Day Year 16 1961
1	Male White WIDOWED	DIVORCED	erne 7 1909	lost birthdoy) Months yrs. Months	Doys Hours Min.
/	100. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) Ball	tenion Transit	Maryl	gn country) 12. CIT	ELS a,
	Beorge W. Phile	lyss	1. MOTHER'S MAIDEN NAME	Tapman	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	-09-3800 Mus	Trecton 14	allens Own	g - Will Mark
	1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(0), (b), and (c).]	pancreage	with metaster	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)		U		
1	gave rise to immediate couse (o), stating the under-lying cause lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (E	nter noture of injury in Port I o	r Port II of item 18.)	
	Hour a.m. While	Not while at work 20e. PLACE foctory,	OF INJURY (Home, farm, 20f. street, office bldg., etc.)	(City or town) (County) (Stote)
	21. I certify that (I) (this hospital) attended saw the deceased alive and consults (C	the deceased fram	1/00	ta December 16, 196	
	Clarine & M. William	M.D.	ATTENDING MED. PHYS. DIRECTOR	_ STAFF _ A	22b. DATE SIGNED Melec 16 16
	22c. PHYSICIAN'S NAME (Type)		1190 y Certero	to I Keiler	ctown Musica
	230. BURIAL, CREMATION, 23b. DATE THEREOF 230 PREMOVAL (Specify) 17-19-61	NAME OF CEMETERY OF CR	EMATORY 23d to	ogaTION (City, town, or county)	ASTOTAL)
,	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Proposell	250. REC'D BY R	104	GNATURE

Page 4

in by the funeral director, and 2 shauld be filed with Then please remave carbon papers. Pages 1 page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

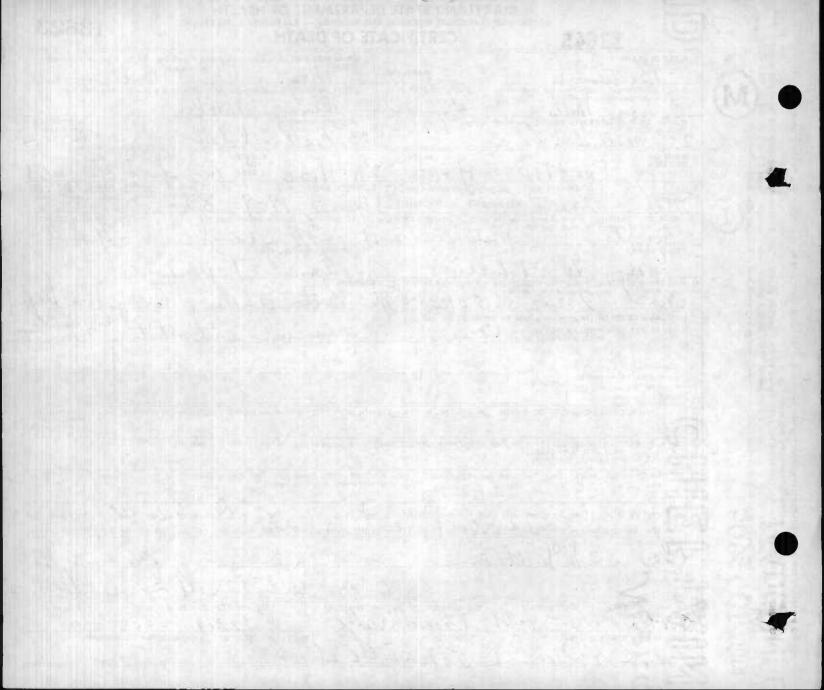
24 haurs after

IDING PHYSICIAN: The law requires that the death certificate be executed within be revained the hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely.

10

VR A1S (4) 15M 9/S9



in 24 hours ofter

IDING PHYSICIAN: The low requires that the death certificate be executed withi

TO HOSPITAL OR A

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13624

1. PLACE OF DEATH Raftimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. \$TATE B. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Mt. Wilson, Maryland	BALTIMORE 3VOI.4
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Mt. Wilson State Hospital	1912 WILHELM STREET YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JEROME CHARLES	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Doys Hours Min.
MALE WHITE WIDOWED DIVORCED	3-17-11 50 yrs.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
DYE SETTER DYE SETTING	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL POIST	CATHERINE SCHLIMMIS NORMANT Address
(Yes, no, or unknown) (If yes, give war ar dates of service)	
NO 503-10-9642 He	ospital Records, Mt. Wilson State Hospital
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL 8ETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) FAR ADVANCED	PULMONARY TUBERCULOSIS Tyeors
002 X DUE TO	
Conditions, if ony, which gove rise to immediate (b)	
cause (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	D. (Enter nature of injury in Port I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. (chief flatite of injury in 7011 1 of 1 an 11 of view 10.)
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State ctory, street, office bldg., etc.)!
p. m. 19 at work at work	
21. I certify that (I) (this haspital) attended the deceased fram	10-5-1955, to 12-10-, 1961, that (1) (we) las
	death accurred at 145 M, fram the causes and an the date stated above
22a. SIGNATURE	22b. DATE
	M.D. PHYS. DIRECTOR PHYS. 12 - 11-61
ZZc. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Wm. Newcomer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md
230. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial 12/13/61 Mt.Olivet C	emty. Belto.Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Me A101 Edmondson	AVO. DATE DEG 1 3 '61 Orthug & Kraus

20 X-10 - 20 四种产生 THE REPORT OF THE PERSON OF TH - and well only the large to the

DIVISION OF STATISTICAL RESEARCH AND RECORDS RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 33646 funeral Film G305 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY_ e. STATE b. COUNTY filled in by the f Pages 1 and 2 s MARYLAND 11morE Cong b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) d. NAME OF HOSPITA OR INSTITUTION (if not in hospite), give street address) hours after e. IS RESIDENCE 10 ON A FARM? YES NO DE 3. NAME OF papers. DATE Month 2 DECEASED OF (Type or print) DEATH 19 withth carbon 6. COLOR OR RACE 7. MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR ! IF UNDER 24 HRS. NEVER MARRIED and lest birthdey) Months Deys Hours WIDOWED DIVORCED certificate physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME NONE please affending 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: lower lobe with AMMEDIATE CAUSE (e) 1. After this certificate has been signed detached for use as the burial-transit of Health prior to burial, cremation. DUE TO aftending (b) geve rise to immediate cause DUE TO (e), steting the underlying ceusa lest. 0 9 PART II. OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) retained by 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: /3 should be det et work et work 19 19.61, and that death occurred at 1.119 from the causes and on the date stated above. 220. SIGNATURE / 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. NAME (Type) filed v 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Westport 12-29-61 Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DEC 2 7 '61 VR A15 (4) Civilian S. Tiraus 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

原根整体下积度长 Cyzii in the property of the party of the pa There is the to Possessed Lawrence States attended to the LA-os-of a father - A Kill & a 27 9 S. Lookelon D. TO BOSTIAL

IN Page 4 in the retained by the hospital or attending physician.

IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carborr agers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after deather.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	13649	CERTIFIC	CATE	OF DE	ATH

13626

Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Hurstleigh d. STREET ADDRESS 7108 Bellona Ave. Last A. DATE OF DEATH December 30, 19 61 8. DATE OF BIRTH Jan. 8, 1880 9. AGE (In yeers lif UNDER 1 YEAR lif UNDER 24 HRS. lest birthday) Nonths Deys Hours Min. STRY 11. BIRTHPLACE (County & State, or foreign country) Queen Town, Ireland 14. MOTHER'S MAIDEN NAME Ellen Dunn INFORMANT Address
a. IS RESIDENCE ON A FARM? 7108 Bellona Ave. Last 4. DATE OF DEATH December 30, 19 61 8. DATE OF BIRTH Jan. 8, 1880 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min. STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY Queen Town, Ireland 14. MOTHER'S MAIDEN NAME Ellen Dunn
Last A. DATE OF BIRTH Jan. 8, 1880 STRY 11. BIRTHPLACE (County & State, or foreign country) Queen Town, Ireland 1. DATE Month Day Yeer Month Day Yeer 1.
hard A. Date of Birth December 30, 1961
Jan. 8, 1880 Stry 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY Queen Town, Treland U. S. A. 14. MOTHER'S MAIDEN NAME Ellen Dunn 14. Ellen Dunn 1880 Months Deys Hours Min. Months Months Min. Months Min. Min. Months Min.
Jan. 8, 1880 81 yrs. 12. CITIZEN OF WHAT COUNTRY Queen Town, Ireland U. S. A. 14. MOTHER'S MAIDEN NAME Ellen Dunn
Queen Town, Ireland U. S. A. 14. MOTHER'S MAIDEN NAME Ellen Dunn
r. Jack F. Pritchard 7001 Copleigh Road 12
arlhum Interval Between onset and Death
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
RED. (Enter neture of injury in Pert I or Pert II of item 18.)
PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.)
m. O. Lalum, 1908 to Accomplete 3/1961, that (I) (we) land death occurred all 3/14M, from the causes and on the date stated above
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22b. DATE SIGNE V/C7 15c/ Purchusege Pol
ge Cemetery Pikesville, Md. Pikesville,

. Ava amount Sur Total most i progressive in the progressive in the second A PAR SHANISH A SECURIT OF SHANISH AS A SECOND OF SHANISH AS A SECON The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13648 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 1h Pages 1 and write RURAL and give nearest town) Baltimore after Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1704 Brady Avenue Veterans Administration Hospital 16 YES NO 24 3. NAME OF Middle 4. DATE DECEASED ALBERT (Type or print) PRINCHEND 1961 DEATH December 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) pue Male Negro WIDOWED | DIVORCED November 27, 1896 10a. USUAL OCCUPATION (Give kind of work remove. 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if tetired)
Laborer-Retired Chemical Plant Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Pritchett Maggie Pritchett 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 Clinical Records, VAH, Batlimore 18, Maryland (Yes, no, or unkown) | (Ifyes give war or dates of service) is certificate has been signed by the at for use as the burial-transit permit. The prior to burial, cremation Yes Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UREMIA 4 MONTHS IMMEDIATE CAUSE (a) DUE TO NEPHROSCLEROSIS Conditions, if any, which UNKNOWN (b) gave rise to immediate cause (a), stating the underlying ARTERIOSCIEROSTS UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY PERFORMED? Hypertensive Cardiovascular disease. Pyelonephritis. Uremic Behign Prostatic Hypertrophy.

20a. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of Item 18.) Pyelonephritis. Uremic Encepha-NO N R: After this ce detached for u OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work CIOR: saw the deceased alive on Dec. 18 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S FREEMAN, M.D., Chief, Medical Service, BALTIMORE 18, MD. VAH. Fort Howard Div. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE Mount Calvary Cemetery Baltimore Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATI ADDRESS VR A15 (4) DATE DEC 2 8 '61 15M 9/60 Curing & Thomas Robert E. Williams, 1701 N. Bond St., Balto., Md

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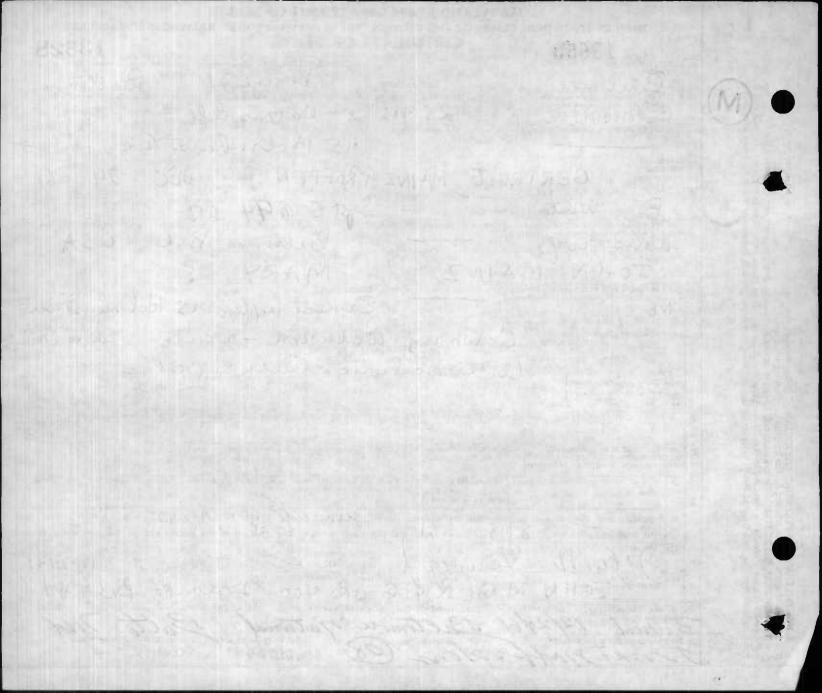
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DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY the 12 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest Jown) , E . Donois Pages filled aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRES hours ON A FARM? YES NO papers. NAME OF First Middle Yeer 72 DECEASED OF DEATH (Typa or print) 19 twithin. carbon 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Min. Deys Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work гетоме 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 5000 13. FATHER'S NAME 14. MOTHER'S MAIDEN please nding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address affer (Yes, no, or unkown) | (Ifyes giva war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),) INTERVAL BETWEEN þ ONSET AND DEATH ng physicial signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which been burial geve rise to immediate ceusa DUE TO (a), steting tha underlying P has ceuse last. certificate ha PHYSICIAN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? hospital NO 20a. ACCIDENT WAS UNDERLYING TI 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, : 20f. (City or town) (County) (Stata) factory, straet, office bldg., atc.) While Not While Hour a.m. refained et work at work 19 DIRECTOR: D.m. 19.60 21. I certify that (I) (this hospital) attended the deceased from... to. 19....., that (I) (we) last saw the deceased alive on..... 22b. DATE 22e. STONATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c4 PHYSICIAN'S ADDRESS 22d. NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF TREMOVAL (Spacify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DADEC 2 9 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY BALTO. b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) shauld ATONSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) PUSE IN PINES YES INO I NAME OF Middle PURDUM DECEASED (Type or print) ELIZABETH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days MARCH 2, 1876 DIVORCED | WIDOWED 85 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) REG NURSE RET. HOSPITAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSA BYRNE PATRICK DORAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address attending 1B. CAUSE OF DEATH [Enter only ane cause per line far (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate (DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION COVEN IN PART 1(6) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCUBRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) Manth. Day Year factory, street, office bldg., etc.) Hour o. m. Nor while While at wark at work 21. I certify that I attended the deceased from 1 ___.that I last saw the deceased and that death accurred at 5 _M, fram the causes and an the date stated above. ADDRESS (Street_city or town, stote)

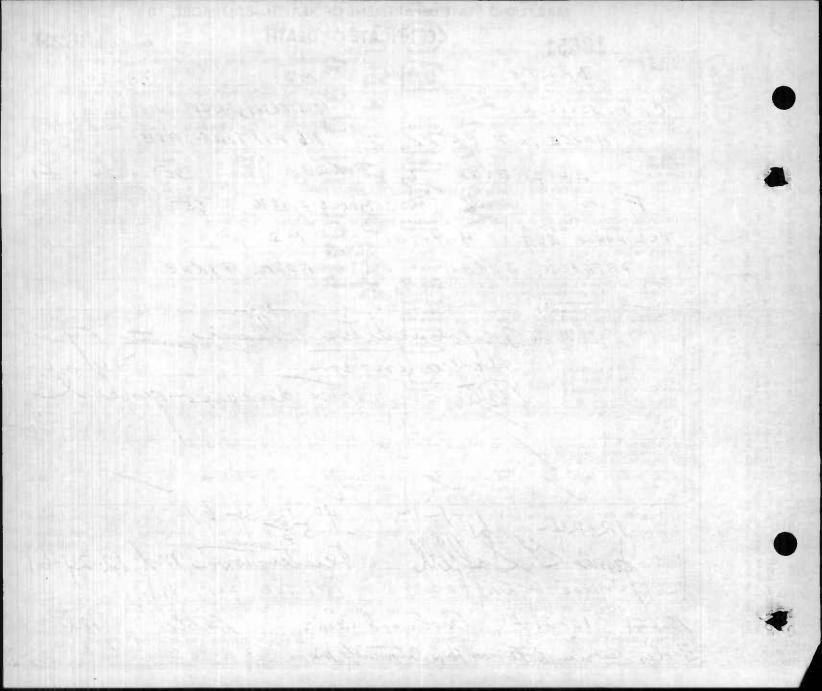
EISTERS TOWN

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE EC 2 8 '61

(County)

(State)



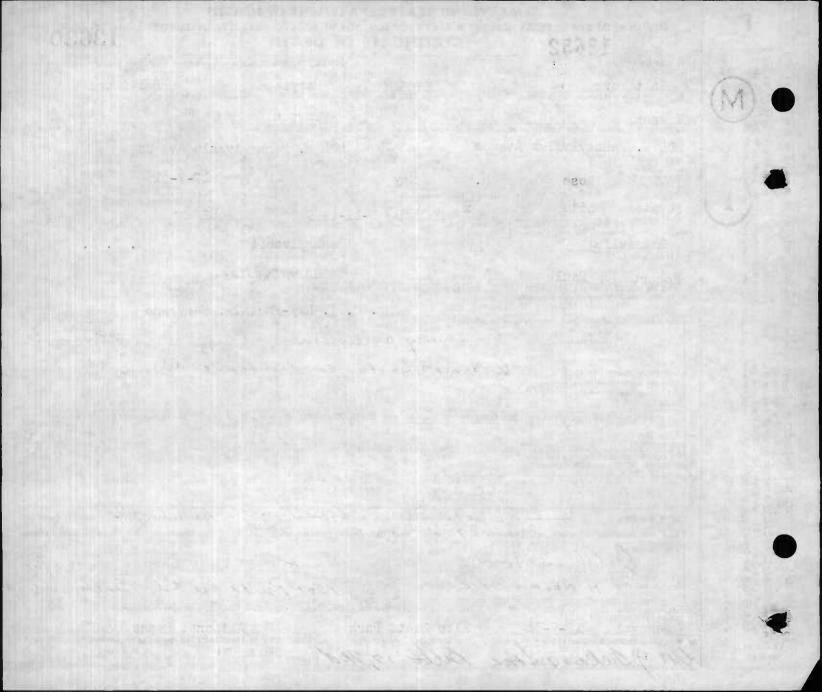
HOSPITAL

TO VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13630 13652

e. COUNTY		e. STATE	CE (Whara dece	ased lived, If i b, COUN		ence before	admission)
Baltimore	MARYLAND	Maryla	nd		Bultimor	re	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (te limits, write	RURAL and give	e neerest to	vn)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	Towson				l e. IS R	ESIDENCE
404 W. Pennsylvaina Avenu		404 W. Pe	nnsvl v an	ia Ave	nue		A FARM?
NAME OF First DECEASED	Middle	Last	4. DATE	Month		y Yes	٢
(Type or print) Rose N	I. Ray			12-7-6		19	
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	. DATE OF BIRTH	9. /	GE (In yeers)	Months Deys		Min.
Female White WIDOWI Oo. USUAL OCCUPATION (Give kind of work 10b. k		-11-1879	1 8	2 yrs.			
dona during most of working life, aven if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Cour	nty & Stete, or tor	aign country)	12. CITIZEN	OF WHAT	LOUNIKY
Housewife		Pennsylva	nia		U.S.	A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN					
Robert Paul		Ellen S	weeley				
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
Yes, no, or unkown) (Ifyesgivewerordatesofservice)	0.600	O M D D	la	7/1			
NO I	line for (a) (b) and (c)	C. T. Ray-P	noenix,	Maryla		NTERVAL BE	TWEEN
18 CAUSE OF DEATH lenter only one cause per	ine for (a), (b), and (c).]				0	INSET AND	
18. CAUSE OF DEATH [Entar only one cause per		1 .					DEATH
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary ac	clusion			30 4	turn	Letes
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary ac.	elurion			30 4	lum	estes
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 Due to	Lives clinat	elurion de Cardes	reas cul	of der	iones -	home	elts
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 b) DUE TO Conditions, if eny, which gove rise to immediate couse	Lives clivat	elurion "in cardes	was cul	a der	ian	lom	el to
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 DUE TO Conditions, if eny, which geve rise to Immediate cause (a), stating the underlying DUE TO	Liver clinat	clusion in cardes	reas cul	o der	ian	lum	eles
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying cause last.						lum	utes
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 DUE TO Conditions, if eny, which geve rise to Immediata couse (a), steting the underlying couse last. (b) DUE TO (c)							AUTOPSY DRMED?
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying cause last. Conditions Conditions		OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVI		PERFO	AUTOPSY
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED INJURY OCCURRED 20e, PLA 6 Not While fact	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVI		PERFO	AUTOPSY DRMED?
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS COI 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	CRIBE HOW INJURY OCCURED INJURY OCCURRED Not While et work	T RELATED TO THE TERMI . (Enter neture of injury in .CE OF INJURY (Home, farm ory, street, office bldg., etc	Pert I or Pert II of	NDITION GIVI	EN IN PART 1(e) (County)	YES T	AUTOPSY DRMED? NO 1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 DUE TO Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS COIL CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Imp. 19 Per World While Imp. 19 Per	CRIBE HOW INJURY OCCURED INJURY OCCURED 20e, PLA Not Whila tk et work deceased from	T RELATED TO THE TERMI . (Enter neture of injury in .CE OF INJURY (Home, farr ory, street, office bldg., atc	Pert I or Pert II of	NDITION GIVI	(County)	YES PERFO	AUTOPSY DRMED? NO [] (State)
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS COI CO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. 1 certify that (I) (this hospital) attentions Conditions, if eny, which (b) Corditions DUE TO (c) DUE TO (c) Whith Corditions Cord	INJURY OCCURRED Not While et work ded the deceased from.	CE OF INJURY (Home, farmory, streat, office bldg., atc	Pert I or Pert II of	NDITION GIVI	(County)	YES PERFC	AUTOPSY DRMED? NO (State) (State) (State)
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 DUE TO Conditions, if eny, which geve rise to Immediate ceuse (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CON 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 stevil 21. I certify that (I) (this hospital) attents aw the deceased alive on Security Medical Securit	INJURY OCCURRED Not While et work ded the deceased from.	CE OF INJURY (Home, farmory, street, office bldg., etc	Pert I or Pert II of m, 20f. (City or 19.5, to	item 18.) town) Lucumlian causes is	(County)	YES PERFC	AUTOPSY DRMED? NO (State) (State) d above
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying DUE TO Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying DUE TO DUE TO DUE TO DUE TO Conditions CONDITI	INJURY OCCURRED 20e, PLA fact work detection and that	CE OF INJURY (Home, farmory, street, office bldg., etc. CE of INJURY (Home, farmory, street, office bldg., etc. CE of INJURY (Home, farmory, street, office bldg., etc. ATTENDING PHYS. 22d. ADDRESS	Pert I or Pert II of m, 20f. (City or 19.5, to	Item 18.) town) Carlos STAFF PHYS.	(County) (County) and on the	that (I) date state 221	AUTOPSY DRMED? NO (State) (State) (State)
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to Immediate cause (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS 20e. ACCIDENT WAS UNDERLYING CONDITIONS CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attents aw the deceased alive on All years 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) A. ALLAN SA 3e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	INJURY OCCURRED 20e. PLA fact work detection and that	CE OF INJURY (Home, farmory, streat, office bldg., atc	Pert I or Pert II of m, 20f. (City or 19.50, to MED. OIRECTOR OIRECTOR 23d. LOCATI	item 18.) town) town) STAFF PHYS. ON (City, low	(County) (County) and on the output of county)	that (I) date state 221 Lifecus	(State) (State) (State)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause (a), steting the underlying Couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS 20e. ACCIDENT WAS UNDERLYING CONDITIONS CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS 20e. ACCIDENT WAS UNDERLYING While (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. 1 certify that (I) (this hospital) attents 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type) A. ALLAN SA REMOVAL (Spacify) REMOVAL (Spacify) REMOVAL 12-9-61	INTRIBUTING TO DEATH BUT NO CRIBE HOW INJURY OCCURED INJURY OCCURED Not Whila fact the et work determined by the deceased from. 200. 190, and that	CE OF INJURY (Home, farmory, streat, office bldg., atc ATTENDING PHYS. 22d. ADDRESS AGENTAL OR CREMATORY	Pert I or Pert II of m, 20f. (City or 19.50, to MED. DIRECTOR Confidence 23d. LOCATI Alto	item 18.) town) town) STAFF PHYS. ON (City, town)	(County) (County) and on the output of county) and on sylva	that (I) date state 221 lfcccs	(State) (State) (State)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause (a), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CON 20e. ACCIDENT WAS UNDERLYING CONDITIONS CON OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attents saw the deceased alive on All Mail saw the deceased alive on All Mail 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) A ALLAN SA 3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	INJURY OCCURRED 20e. PLA fact work detection and that was a constant of cemetery of the constant of the consta	CE OF INJURY (Home, farmory, streat, office bldg., atc ATTENDING PHYS. 22d. ADDRESS AGENTAL OR CREMATORY	Pert I or Pert II of m, 20f. (City or 19.5, to 19.5, to MÉD. DIRECTOR 23d. LOCATI Altor	item 18.) town) town) STAFF PHYS. ON (City, town)	(County) (County) and on the output of county) and on sylva	that (I) date state 221 Lifecus (S	AUTOPSY DRMED? NO 1 (State) (State) (State)



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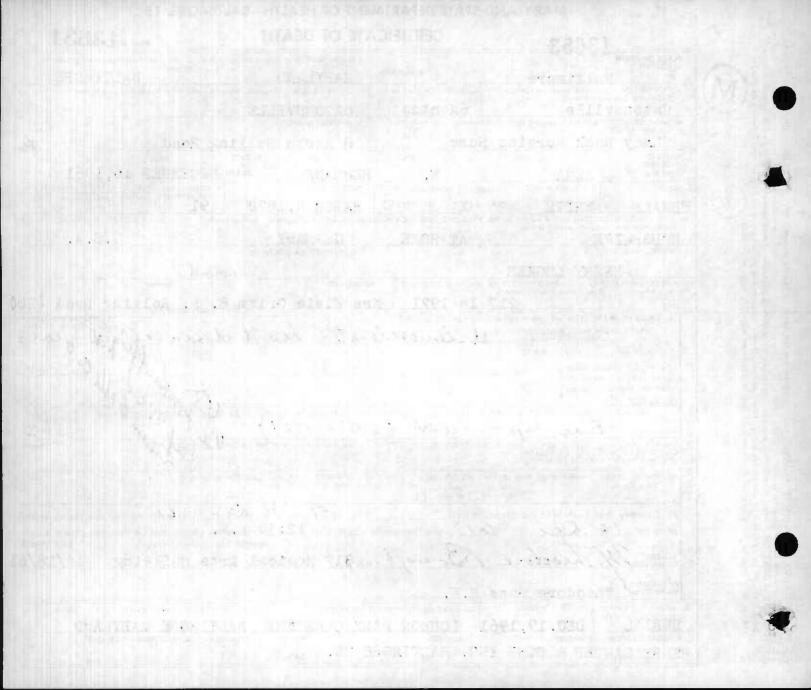
shauld papers. pup physicion 0 gned been si physician

death.

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prior

VS A15 (4) 15M 9/58



THOSPITAL TITENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are after the Page 4 m. Le retained by the hospital or attending physician.

C.T.UNERAL DIRECTOR: After this certificate has been signed by the attending physician and c.C. cetally filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 90

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13654 CERTIFICATE OF DEATH 13632

1.	PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission)
	Baltimore MARYLAND	e. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporete limits.	C. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	write RURAL end give neerest town)	Baltimore 2 1/1/- 4
	4 Co Bellessa hi 2 years	2001
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Mercy Villa	3420 Erdman Ave.
3.	NAME OF First Middle DECEASED	Lesi 4. DATE Month Dey Year
	(7	Riordan DEATH 12 - 17 1961
5.		8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	F WIDOWED DIVORCED	3-4-1886 last birthdey) Months Deys Hours Min.
10 de	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	
Le	gal Stenographer Retired	Baltimore, Md. U.S.A.
N	lichael Riordan	Mary Courtney
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT
1		rs.Wm.J.Daniel 169 Oakleigh Village
	18. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Arteriosclerotic C.	ardio vascular disease u yrs.
	DUE TO	
	Conditions, if any, which (b)	
	geve rise to immediate cause (e), stating the underlying DUE TO	
	ceuse lest.	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
E		PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pert II or Pert III of item 18.)
-	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEC	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from	11-15- 19.58 to 12-17-, 19.61, that (I) (900) last
		t death occured at 3P.M, from the causes and on the date stated above.
	22a. SIGNATHRE	22b. DATE
	Stalled Hours	ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Philip D. Flynn, M. D.	Eleven East Chase Street
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
1	REMOVAL (Specify)	Dollimana Manuland
-	Burial 12/20/1961 New Cathed	ITAL CEIL.
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H.	W. Jenkins & Sons Co. Inc. 4905 You	Sk Road DADEC 22'61 arthur & thous
	Daroota	

18 Life years of Late - but he had been a some defendant AND THE SET OF METERS OF THE THE SECOND SECO CONTRACTOR OF THE PROPERTY OF The Table of Table on the Control of the Control of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Leunel b. COUNTY Health, MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OF TOWN (Moutside corporate limits, write RURAL and give nearest town) d. NAMA OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES T NO TO 3. NAME OF DECEASED DEATH (Type or print) 19 9. AGE (In years 6. COLONOR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO. 18/CAUSE OF DEATHV Enter only one couse per line for (gl), (b), and (c). INTERVAL BETWEEN I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS ased PERFORMED? NO [200. EXTERNAL CAUSE WAS \$20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinian death resulted from: Natural causes 📝, Accident 🔲, Suicide 🔲, Hamicide 🗍, Undetermined manner 🗍 Sorward DIRECT DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (State) eme ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 8802 HARTORA M 82 in & Through

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To .

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMERE 1, MARYLAND 13634

I. PLACE OF DEATH	the Transfer and Transfer first to the first	
e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidenca befora admission)
Baltimore MARYLAND	a. STATE b. COUNTY Maryland	/
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1		give nearast lown)
write RURAL and give nearest town)	n-14imana 2	1111-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
Veterans Administration Hospital	104 W. Cromwell Street	YES NO K
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Year
(Type or print) WALTER W.		25 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
Male White WIDOWED DIVORCED	March 14, 1893 68 yrs. Months	Days Hours Min.
IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
dona during most of working lifa, evan if retired) Cook Restaurant	Baltimore, Maryland	U.S.A.
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	010111
Charles Roberts	Florence Ranft	
UTALLES MODELUS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17		
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)		
	in.Rec.VAH, Balto 18, Md. Ft. How	
18. CAUSE OF DEATH [Entar only ona cause per line for (e), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFAR	CTION	2 DayS
4-20 DUE TO		
Conditions, if eny, which) (b) ARTERIOSCLEROTIC	HEART DISEASE	UNKNOWN
gava rise to immediate cause		01114101111
(a), steting the underlying DUE TO		
cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT BUILDED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART	1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
BRONCHOPNEUMONIA. GENERALIZED ARTER	IOSCLEROSIS. CEREBRAL THROMBOSIS	YES NO E
BRONCHOPNEUMONIA. GENERALIZED ARTER 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ULTIMATER, NOTIFY MEDICAL EXAMINER	RED. (Enter neture of injury in Pert I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, ferm, † 2Df. (City or town) (Court	nty) (Stata)
noul e.m.	factory, streat, office bldg., etc.)	
		(- /
21. I certify that () (this hospital) attended the deceased fro		•
saw the deceased alive on Dec. 25	hat death occured at \$205 PM rom the causes and on the	he date stated above
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
A riena	M.D. PHYS. DIRECTOR PHYS. 12/	26/61
22c. PHYSICIAN'S	22d. ADDRESS	
IRVING FREEMAN. M.D.	VAH, BALTIMORE, MD. FT HOWARD	DTVTSTON
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE		
Burial Specify) 12/24/6, Cedar Hill C		
	250, REC'D BY REGISTRAR 25b, REGISTRAR'S	
24 FUNERAL DIRECTOR'S SIGNATURE 130 E. FORT AV	re.	
McCully Funeral Home Baltimore 30.1	1d. 1040EC 27'61 Circling & 95	laced

filled in by the funeral Pages 1 and 2 should pressevemove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death etely TITENDING PHYSICIAN: The law requires that the death certificate be estined by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and codirector, page 3 should be detached for use as the burial-transit permit. Then please emove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

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一次年为定义 of a few reach address but he derived by o PERSET THE TREE TREE Summittee (. . . THE REPORT OF SECURITIES WELL BEAUTIFUL TO SECURITIES AND ADDRESS OF S S Table 3 Mill repet 16/3/1/81 1 Table A Companies and larger of territories

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	13657 CERTIFICATE OF DEATH 13635										
1.	PLACE OF DEATH	4.4	Ite	m 2 Film G30	2/USUAL RESI	DENCE Where deceased li	ived. If institution:	Residence befare ad	mission)		
	a. COUNTY	Hemir	12	MARYLA	a. SIAIL	Md.	b. COUNTY	Montgomer	/		
	b. CITY OR TOWN		ate limits, write	c. LENGTH OF STAY IN	1by c. CITY OR	TOWN (If autside carporat	te limits, write RUR.	AL and give nearest	awn)		
	RURAL and give	town	_	6 week	J Sil	ver Springs	151	9-2			
	d. NAME OF HOSE		pital, give street	address)	d. STREET A	DDRESS		e. IS	RESIDENCE N A FARM?		
	Kent	- Hurses	ug Hora	u	526	Ashford Road			NO 🗆		
3.	NAME OF DECEASED		First	Middle	Las		A Manth	Day	Year		
	(Type or print)	TREA	WEI	1 .	KOBERT	SON DEATH	December	w 14	196		
S.	SEX A	6. COLOR OR	RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRT	Н 9.			NDER 24 HRS		
	Male	Whit	WIDOW	ED DIVORCED	March	29 1900	6/ yrs.	Manths Days Ha	urs Min.		
10	during most of w	ION (Give kind of brking life/even if	wark dane 10b.	KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPI	LACE (State or foreign coun	ntry) C (12. CITIZEN OF WH	AT COUNTRY		
	Nerchant	Meres	ne		N_{E}	EW YORK		U, S	a.		
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME					
	HENI	RYB. I	ROBERT	SON	NE	ETTIE CAHI	TLL		1		
	WAS DECEASED E	VER IN U. S. ARME		SOCIAL SECURITY NO.	17, INFORMANT		Address				
L											
			/	e far (a), (b), and (c).]		00/	1 1		ND DEATH		
	PART I. DI	EATH WAS CAUSE IMMEDIATE CA		arcinoma	par	sted gra	vd - les	T 90	nouth		
	142.0		OUE TO		O		1				
	Canditions, if		(b)				U				
	gave rise to cause (a), statin	, L	OUE TO								
	lying cause las		(c)								
CATION	PART II. O	THER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DISEASE O	CONDITION GIVEN	PE	AS AUTOPSY		
<u>-</u>	20a. ACCIDENT V	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of	of injury in Part I ar Part II	l af item 18.)				
L CERT	(IF EITHER, NOTIF	NG CAUSE OF E	DEATH INER)					- III			
SICA	20c. TIME OF INJI		y, Year 20d. I While		 PLACE OF INJURY (factory, street, affic 	(Hame, farm, 20f. (City a e bldg., etc.) !	r tawn)	(County)	(State		
MED	p. m		19 at wa								
	21. I certify th	nat (I) (this ho	spital) atten	ded the deceased fro	om November	~ 1961. to 10	essuler /	196 , that (I) (we) las		
	saw the dece	ased alive on	Alcesule	014796 and th	at death occurre	d at 7:05 M, from th	ne causes and	on the date sta	ted above		
	229 SIGNATURE	01	MCCI	01	ATTENDIN	IG MED.	STAFF	۸.	22b. DATE		
	Claren	ce 3/	IL We	llesma	M.D. PHYS.	DIRECTOR L	PHYS.) Olcend	un 141		
	22c. PHYSICIAN'S NAME (Type				22d. ADDR	ESS Din A	Ph V	A A	WI		
					11909	persersion	unity re	ralerslaw	Mayl		
23	a. BURIAL, CREMAT		THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	177	ON (City, tawn, ar	county)	(State)		
1	SURIAL	12/10	8/61	GLENWOOD			INGTON,	D. U.			
124	FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS		2Sq. RFC'D BY REGISTRA	AR 25h REGISTI	RAR'S SIGNATURE			

arthur S. Krous

DATEDEC 1 8 '61

H.W. MEARS & SON 805 N. CALVERT

be retained by hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. DING PHYSICIAN: The low requires that the death certificate be executed with HOSPITAL OR A

VR A1S (4) 1SM 9/59

il director, filed with

Pages 1 and 2 should

Page 4

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The Marine was the state of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY Baltimore MARYLAND Maryland
c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) vears .⊑ Anneslie Anneslie filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Anneslie Road Anneslie Road NAME OF DATE Middle DECEASED OF Catherine H. (Type or print) Rodnev DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR and last birthdey) WIDOWED X physician remove 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Never Employed Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Joseph Hartman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT HUSband's No. 137 Hopkins Road Then (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] George W. Rodney Balto. 12, Maryland the ig physician. permit. HROMBOSIS IMMEDIATE CAUSE (a) the burial-transit DUE TO ARTERIOSCLEROSIS aftending Conditions, if eny, which has been geve rise to immediate cause DUE TO (a), steting the underlying burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate hospital as 0 prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this detached 20c. TIME OF INJURY 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) Dey, Year factory, street, office bldg., etc.) Not While DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. PHYS. ADDRESS 22c. PHYSICIAN'S NAME (TYPE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Oak Lawn Cemetery Buria

York

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

& Sons

256. REGISTRAR'S SIGNATURE

Month

12

Months

(County)

e. IS RESIDENCE

YES NO

Year

19

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

IF UNDER 24 HRS.

PERFORMED?

NO X

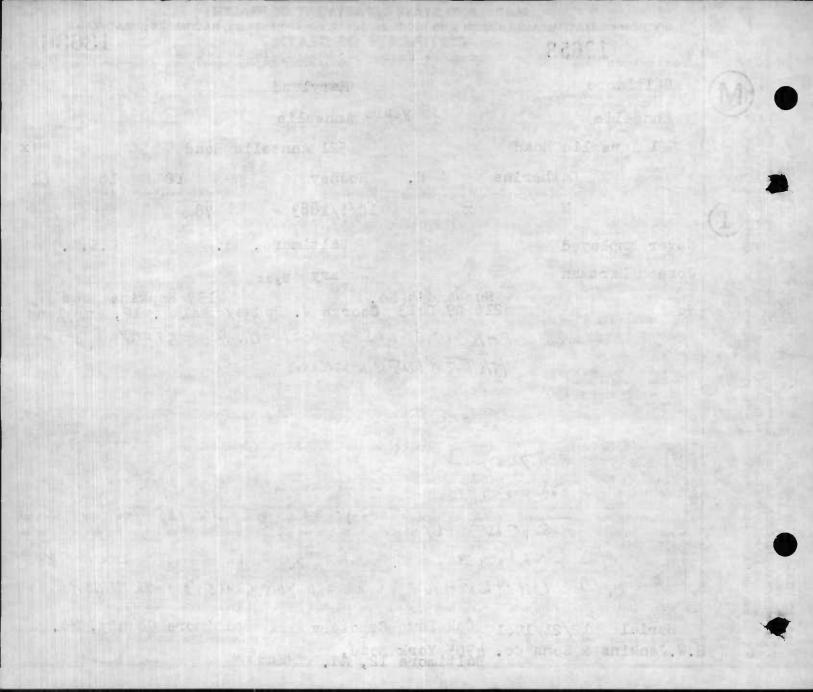
(Stete)

22b. DATE

(Stete)

ON A FARM?

25e. REC'D BY REGISTRAR DATDEC 21 '61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13659 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution; Rasidence before admission) .. COUNTY Baltimore files. Health, Page b. COUNTY Maryland Baltimre MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. Owings Mills Mths Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddrass) d. STREET ADDRESS retained for e. IS RESIDENCE ON A FARM? Bently Way Bentley Way State YES NO A NAME OF First Middla 4. DATE DECEASED (Type or print) DEATH STEPHEN KENNETH ROHN 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS. and 3 2 wit last birthday) Male WIDOWED [DIVORCED Sept. age 5 m and 2 72 how 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Baltimore Md. W. S.A. Infant 8. Give Pages pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy Henry Rohn Joyce Akinaga ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Roy Henry Rohn, Father 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).] along transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO burial removal, Conditions, if any, which (b) "pending" gava rise to immadiate causa DUE TO (a), stelling the underlying causa last. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 2 rtificate, writing the word nous. NO M Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. more 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, offica bldg., atc.) Not While Whila nous. should be forwarded to the **FUNERAL DIRECTOR**: Pa prior Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion Natural causes X, Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER D. Ceagles designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) Druid RIDGE Pikesville.Md. 0 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Traus 5M 7/59

of the street of the street Total Street Civilian Street Rey Search Bahn, Fa bleet Ser Port I for Doming and a few property of the state of the

Inc. 6010 Reist

Sol. Levinson & Bros.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

Months

e. IS RESTDENCE

ON A FARM?

Y87

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

6 months

6 seconths

PERFORMED? YES NO A

(Stote)

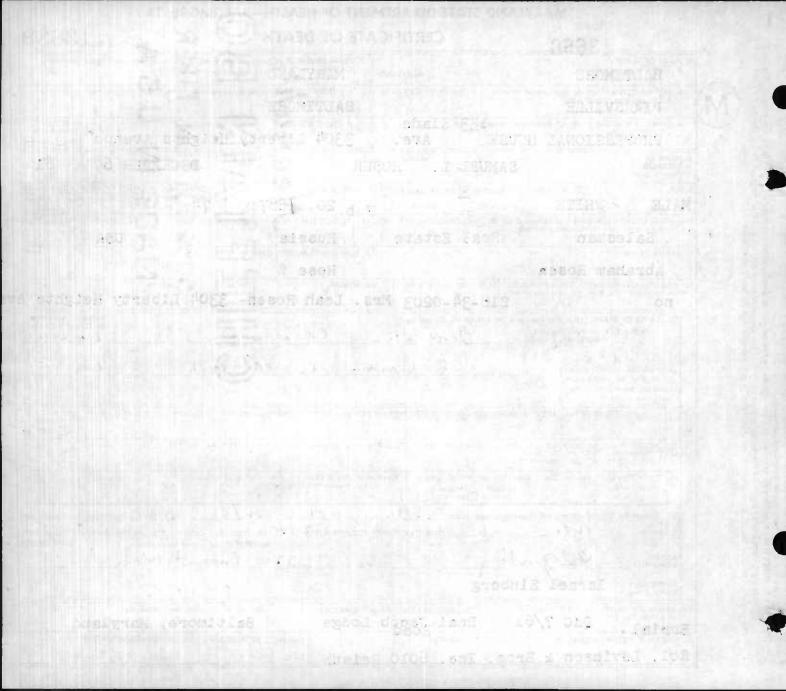
(State)

Dovs

USA

(County)

VS A1S (4) 1SM 9/SB



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2	ath.	FU	ecto	file	
ALLENDING PHISICIAN: HIS ING WHITE SECTION WHITE SECTION WHITE	Ĩ	b	C.	8	
4	ath. Page 4 be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	15	E be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyest, within 72 hours after death.	,
	15	M	7/6	51	1
			-		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13661 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. STATE b. COUNTY Baltimore Baltimore MARYLAND

	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, write	RURAL and give n	eerest town)
	Baltimore	65 vrs	X Baltin	nore		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
	4736 Ridge Ros	h	4736 Ric	dge Road		ON A FARM?
3.	NAME OF First	Middle	Last	4. DATE Month	Day	Yeer
	(Type or print) Elizabeth		Royahn	DEATH 12	17	1961
5.	Homolo Mhita		1- 11- 187	9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min.
10		OOWED A DIVORCED DIVO		O yrs. nty & Stete, or foreign country)	1 12 CITIZENI OI	WHAT COUNTRY?
d	one during most of working life, even if retired) Housewife	Housewife	Germany	nly & Stele, or loreign country)	USA	WHAT COUNTRY!
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Unknown Sueck	Colores and		Unknown		
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES?	1	NFORMANT	Address		
	es, no, or unkown) (Hyesgive wer or detes of service	None Mr	William C F	Royahn 4736 Ri	.dge Road	(6)
	18. CAUSE OF DEATH Enter only one cause	per line for (e), (b), end (c).]	,		INT	ERVAL BETWEEN
	PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	oronary	order	non	1	welder
	42011 DUE TO					
	Conditions, if eny, which	a Toris De Rosa	tu Car	dio Vasan	lan	
	geve rise to immediate cause	CONTRACTOR OF THE PARTY OF THE				2
	(a), steting the underlying cause last.			disea	ise :	syrs
ATION	PART II. OTHER SIGNIFICANT CONDITION:	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV		P. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING 20b (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert 1 or Pert II of item 18.)		
N N	20c. TIME OF INJURY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fare	m, 20f. (City or town)	(County)	(Stete)
MEDICAL	Hour e.m.	While Not While fact	ory, street, office bldg., etc	:.)		
1	p.m. 17		Jan 1	196/ 10 Dec 1	7 10//1	.) (1) () 1
	21. I certify that (I) (this hospital) saw the deceased alive on		7	2.M, from the causes		nat (I) (we) last
	22e. SIGNATURE	and mar	deam occured dig.	r.x.,m, non me causes	and on the da	22b. DATE
	MINBA	an day		MED. STAFF		SIGNED
	22c. PHYSICIAN'S	gainna	22d. ADDRESS		1	
	NAME (Type)		Bal	106 M	2	
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tov	3.0	(Stete)
-	FUNERAL DIRECTOR'S SIGNATURE	1 Parkwood Cem		Daltimore C'D BY REGISTRAR 256. REC	Mary	
24	PUNERAL DIRECTOR'S SIGNATURE	ADDRESS			SISTRAR'S SIGNAT	OKE
1	assaluturnal Hon	= 740/ Belanike	DATED	EC 2 0 '61 G	11 8 16	Va.

MARK CONTROL TO THE SERVE OF THE PARTY OF THE PARTY.

FOR STATE

DEPUTY ME. ALL EXAMINER: This certificate should be executed within 24 hours after deal any delay is no carry, phase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMAS. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event withm 72) hours after death.

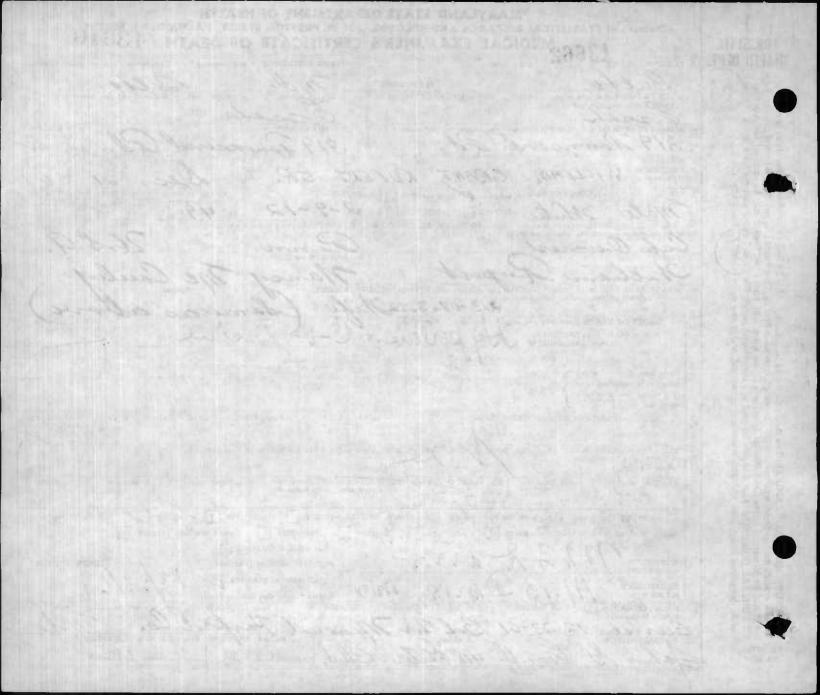
VS. A15ME 5M 7/59

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ASSESSMENT ASSESSME

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	o. COUNTY	e. STAIL
1	Balto. MARYLAND	md.
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b with RURAL and give neerest town)	c. CITY Of TOWN (If outside corporete limits, write RURAL end give neerest town)
	6 solf	16 seek
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
	319 Nownsend Ad.	319 sourcend ad, YES NO NO
3.	NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) WILLIAM GRANT, RUPE,	RT SR, DEATH Dec. 21 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D	DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
-	my see since	2-9-12 lest birthdey) Months Deys Hours Min.
	00. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done ما المولم most of working life, even if retired	11. BIRTHPLACE (State or foreign country) 12. CfTIZEN OF WHAT COUNTRY?
	Cale Owner	Genn. U.S.G.
13.		4. MOTHER'S MAIDEN NAME
0	Itilles Kupert	Manay Tra Couled
		FORMANT Address
(Ye	Yes, no, or unkown) (Ifyesgivewerordelesofservice)	
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	go same as avove)
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	C-V- Nucae
	493 × DUE TO //	
	Conditions, if eny, which (b)	
	geve rise to immediate cause DUE TO	
	(e), siering the underlying	
7		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
2	TAKI II. OTHER SIGNIFICANI CONSTITUTE CONTINUE TO SEATT BUT NOT A	PERFORMED?\
3		YES NO NO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIPE NOW INJURY OCCURED. (Ente	or neture of Injury in Pert I or Pert II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCUPRED 20e. PLACE	OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
WED	Hour a.m. While Not While tectory	, street, office bidg., etc.)
	21. I certify that I took charge of the remains described above, held	an Autopsy . Inspection . Inquiry and in my opinion
	death resulted from: Natural causes Accident , Suicide	
	magin	CHIEF MEDICAL EXAMINER
	ACTUAL /// A TOTAL	ASSISTANT MEDICAL EVAMINED 7
	SIGNATURE	M.D.
	EXAMINER'S MISS MD	Address (Street, city, town, or county)
22a	28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CE	REMATORY 22d. LOCATION (City, town, or country) (Stete)
1	Burial 12-23-61 Bel-aux Mi	emore of Harford Co. Mr.
23	3. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-	Al & to Minghet	Pland, DATEDEC 2 6 '61 arthur S. Krous
1	John / J. Conney 410 Casarol	DATEURO & U VI



HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are after plan. Page 4 the retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, fithin 72 hours after death

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13663 CERTIFICATE OF DEATH

1. PLACE OF DEAT a. COUNTY	Н					
						Residence before admission
	Baltimore	MARYLAND	o. STATE Md.		b. COUNTY	altimore
	(if outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporete lin	nits, write RURAL en	id give nearest town)
write RURAL an	Cat ons ville	Life		onsville		
d, NAME OF HOSP	PITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENC
	Mt.DeSales R			eSales R		YES NO
. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	Alvin	G. Ruppel	Sr.		Dec. 28,	19 61
5. SEX	6. COLOR OR RACE 7. MARRI	ED P NEVER MARRIED B	. DATE OF BIRTH	9. AGE		
M.	W. WIDOW		ept. 28, 191		yrs. Months	Days Hours Min.
Oa. USUAL OCCUPA	TION (Give kind of work vorking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or foreign	country) 12. CIT	TIZEN OF WHAT COUNTR
		alto.City	Md.		Buch	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	J.Frederick R	uppel	Elizabet	h Fidler		
5. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16		INFORMANT		Address	28
es, no, or unkown)	(If yes give wer or dates of service)	5-07-6996 Mr	a Dorothy	Ruppel 2	22 Mt De	sales Rd.
IB. CAUSE OF	DEATH [Enter only one cause per		a Doz ovizy	nappor, a	an my be	INTERVAL BETWEEN
PART I, DEA	TH WAS CAUSED BY:	lour- son	come Tana	a Double	ling al	ONSET AND DEATH
100	IMMEDIATE CAUSE (e)	-curu-	- Torract	s gener	rigero	2 wriag
1 1 1 9	DUE TO BE	gunna in 1	ion lue	_ 0		1
P 151 6	4		7			V
Conditions, If an		0 7	8 0			V
Conditions, If an gave rise to immed (a), stating the	diate cause	0 5	3. 0			V
gave rise to immedia), stating the cause last.	diate cause underlying DUE TO	0 +	3 0			V
gave rise to immedia), stating the cause last.	diate cause underlying DUE TO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	inal disease condit	ION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS) PERFORMED?
gave rise to immedia), stating the cause last.	diate cause underlying DUE TO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDIT	TON GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
gave rise to immedia), stating the cause last. PART II. OTHI 20a. ACCIDENT YOR CONTRIBUTING	diate cause underlying DUE TO (c) (c)	NTRIBUTING TO DEATH BUT NO				PERFORMED?
gave rise to imme (a), stating the cause last. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m.	diate cause underlying DUE TO (c) ER SIGNIFICANT CONDITIONS CO WAS UNDERLYING COMMAS UNDERLYING COMMAS UNDERLYING COMMAN CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Year 20d. Whit	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA leNot While fact		Part I or Part II of item	18.)	PERFORMED?
gave rise to imme (a), stating the cause last. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF 1) 20c. TIME OF INJ Hour a.m. p.m.	diate cause underlying DUE TO (c) ER SIGNIFICANT CONDITIONS CO WAS UNDERLYING DECAUSE OF DEATH AMERICAL EXAMINER) IURY Month, Day, Year 20d, While at well as well	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 20%. PLA le Not While fact ork at work	CE OF INJURY (Home, factory, street, office bldg., et	m, 20f. (City or tow	n) (Coi	PERFORMED? YES NO unity) (Stete)
gave rise to immer (a), stating the cause last. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTHI 20c. TIME OF INJ Hour a.m. p.m. 21. I certify	diate cause underlying DUE TO ER SIGNIFICANT CONDITIONS CO WAS UNDERLYING DECAUSE OF DEATH IVAMEDICAL EXAMINER IVAMENTAL DECAUSE OF DEATH	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA le Not While fact rik at work	CE OF INJURY (Home, factory, street, office bldg., et	rm, 20f, (City or tow	n) (Con	PERFORMED? YES NO (Siete)
gave rise to immer (a), stating the cause last. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. 21. I certify saw the deces	diate cause underlying DUE TO (c) ER SIGNIFICANT CONDITIONS CO WAS UNDERLYING DECAUSE OF DEATH AMERICAL EXAMINER) IURY Month, Day, Year 20d, While at well as well	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA le Not While fact rik at work	CE OF INJURY (Home, factory, street, office bldg., et	rm, 20f, (City or tow	n) (Con	YES NO
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Alvin G. Runpel Sr. .89.5ed Dec. 28.

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Serial Jan. 2/38 Lorgaine Park Comty. | Codiagn Ci. Titake V. D. 4101 Edmondoon Ave.

letely filled in by the funeral HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be it. Page 4 m e retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and

VR A1

	a. COUNTY	•=======	MARYLAI	e. STATE	SIDENCE (Where d	b. COUNTY	1	/
	b. CITY OR TOWN	imore (if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN		.ryland TOWN (If outside cor	porate limits, write R	URAL end giv	ve nearast low
	Fort Howa		12 day	s Ba	ltimore		3 VOI	. 4
	d. NAME OF HOSP	TAL OR INSTITUTION (if r	ol in hospital, give street address)	d. STREET A				e. IS RE
	Veterans A	Administration	on Hospital	503 Mc	Culloh St	reet - 1		YES [
3.	NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	Di	y Year
	(Type or print)	CHARLIE		RUSE	DEATH	De cembe:	r 1	7 196
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	5	AGE (In years II	UNDER 1 YEA	TR IF UNDER
	Male	Negro	WIDOWED TO DIVORCED	3/13/91		70 yrs.	Months Deys	Hours
100	. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLAC	CE (County & State, or	foreign country)	12. CITIZEN	OF WHAT C
00	Baker	orking life, even if retired)	Bakery	Chantar	buse C (U.S.A	1.
13.	FATHER'S NAME		Dancij	14. MOTHER'S	burg S. (•	0.042	2.0
	Laney R	ıch			41 . 0 . 11			
15.	WAS DECEASED EN	ER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	Mar 17. INFORMANT	tha Scott	Address		
(Ye								
=	Yes	WW-1	use per line for (e), (b), end (c).j	Baltimore,	Maryland -	- FORT HOV	VARD DI	IVISION
	Conditions, if engevarise to immed (e), steting the cause lest.	ieta cause underlying DUE TO						1002
Z		R SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	E TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(e)	19. WAS A
I E	ARTERIO	SCLEROTIC HE	CART DISEASE. S	ECONDARY AN	EMIA. URE	MIA		PERFO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING 2	Db. DESCRIBE HOW INJURY OCC	URED. (Enter neture of i	njury in Part I or Pert	ll of item 18.)		, 113
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	19	While Not While al work at work	PLACE OF INJURY (Hi factory, street, office b	Idg., etc.)	y or town)	(County)	(
	21. I certify saw the decea 22a. SIGNATURE	that (IX (this hospital sed alive on Dec) attended the deceased fr 17 19.61 , and	that death occure	d af AM, from	Dec. 17	, 19. 61 nd on the	that (X (v) date stated
	Oom	D. Talle	col mil Acting	ATTENDING PHYS. Chie fizd. ADDR	DIRECTOR ESS	STAFF PHYS.		12/18/
	22c PHYSICIAN'S	1 Tames	11-2	C				
	22c PHYSICIAN'S NAME (Type	JOHN D. TALE	ERT, M.D. Med.	Serv. VAH B	altimore,M	d-Fort Ho	ward D	ivisio

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		10000		CERTITI		0. 20					LOOK	
1.	PLACE OF DEATH	13000			2	USUAL RESIDENCE (WH	nere decease			sidence be	fore admissi	ion)
,		Ltimore		MARYLA	DAN	Mary	land	b. COU	A	inne /	Arunde	el
ł	D. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If o	outside corpo	rote limits, wri	le RURAL	ond give n	nearest lown	()
		sville		Limthlidys		Shadyside.	Marv.	land		0 3	2 X-	2
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive stree			d. STREET ADDRESS			775		e. IS RESI	DENCE FARM?
9	OR INSTITUTION GR	OVE STATE	HOS	SPITAL.		Avalon Sh	ores					NO D
	NAME OF	Fir		Middle	+	Lost	4. DATE		Month		Day 1	Year
	DECEASED (Type or print)	Mar	V (7	н.		Russell	OF DEATH		12.	_ 2	,	1961
S. S	SEX	6. COLOR OR RACE	1	RRIED NEVER MARRIED	□ B. I	DATE OF BIRTH		9. AGE (In ye	ars IF U	NDER 1 YEA	AR IF UNDE	Ann a
	female	white		WED TO DIVORCED	_	Dec. 16. 1	875	lost birthdo	yrs. Mon	oths Doys	s Hours	Min.
10o	. USUAL OCCUPATION	ON (Give kind of work	done 10t	b. KIND OF BUSINESS OR	INDUSTR'			ountry)	12	. CITIZEN	OF WHAT C	OUNTRY
	housewif	king life, even if retired				Maryla				II s	S. A.	
13.	FATHER'S NAME	C				14. MOTHER'S MAIDEN N					0 0 22 0	
	Harry G	anhardt				Hester	7.i mm ar	กโระ				
15.	M		CES? 1	6. SOCIAL SECURITY NO.	17, INFO		W Trimites		Address			
(Yes	un nowh	(If yes, give war or dates of s	ervice)	am limorm	Roc	ords: SPRI	NC CI	ROVE S	TALE	TOS	PITAL	
		TM (Enter only one co	usa Das	line for (o), (b), ond (c).	1000	Olus: SPAL	MG GI	TOVE S	IAIB		TERVAL BE	TWFFN
		TH WAS CAUSED BY:	use per	•	1						NSET AND	
	1100	IMMEDIATE CAUSE (o		heart fa i	Lure							
	422.1	DUE TO				31		22000				
	Conditions, if o	mmediate	,	arterioscle	eroti	c cardiovas	cular	alseas	е			
	couse (o), stoting	DUE TO										
7	lying couse lost.) (c		CONTRIBUTION TO DEAT	AL DUIT NA	T RELATED TO THE TERM	IN IAI DICE A	E CONDITION	CIVENTIA	I DART 1(a)	110 MAS	ALITOPSY
CERTIFICATION				Me assoc. Wi						YPAKI I(O)	PERFO	RMED?
FIC				ESCRIBE HOW INJURY OCC								
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)										
3		Y Month, Doy, Ye				OF INJURY (Home, form y, street, office bldg., etc		y or town)		(Count	17)	(Stote
MEDICAL	Hour o.m.	19	While of w	te Not while	100101	y, sireer, office bidg., en	"					
	21. I certify the	ot M) (this hospito) otter	nded the deceosed fi	rom	July 27 19	61. to	Decembe	r.2,	19 61,	that (I) (we) los
		sed alive an	*			th accurred at6: (te stated	above
	220. SIGNATURE	001		N.		ATTENDING M	ED.	CTAFE			22	b. DATE SIGNEI
	bse	K. Cruzi	agi	a, 4.0,	M.I	D. PHYS. D	RECTOR [STAFF PHYS.	Dec	. 2,	1961	
	22c PHYSICIAN'S NAME (Type)	SOSÉ R	A	RIZHGA,	H.S	22d. ADDRESS	SPR	ING GR onsvill	OVE e 28.	STA I		SPITA
230	BURIAL, CREMATIC	N, 23b. DATE THEREC	OF,	. 23c. NAME OF CEMEN	ERY OR C	REMATORY		TION (City, to			C (Stot	1e)/)
1	REMOVAL (Specify		161	torkt	ruc	olu	Capa	narg	ma	wor	· me	d.
24.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	R		D BY REGIS		REGISTRAF	R'S SIGNA	TURE	
7	Talley	. Frence	2 7	Jone 10	mi	DATE DE	EC 5	61	T . T ?	Z. MA	aua	
		11		10.	- IVI -	73.4						

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ATELET SECRETARIES THE REPORT OF STREET AND ADDRESS OF THE PERSON. Male of Ferning Home May North March & Barrer Page 4

director, filed with TO HOSPITAL OR AN VOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dark be retained by hospital ar attending physician.

TO CONERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely and in by the funera page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be the State Board af Health priar to burial, remaining a removel, within 72 haurs after death.

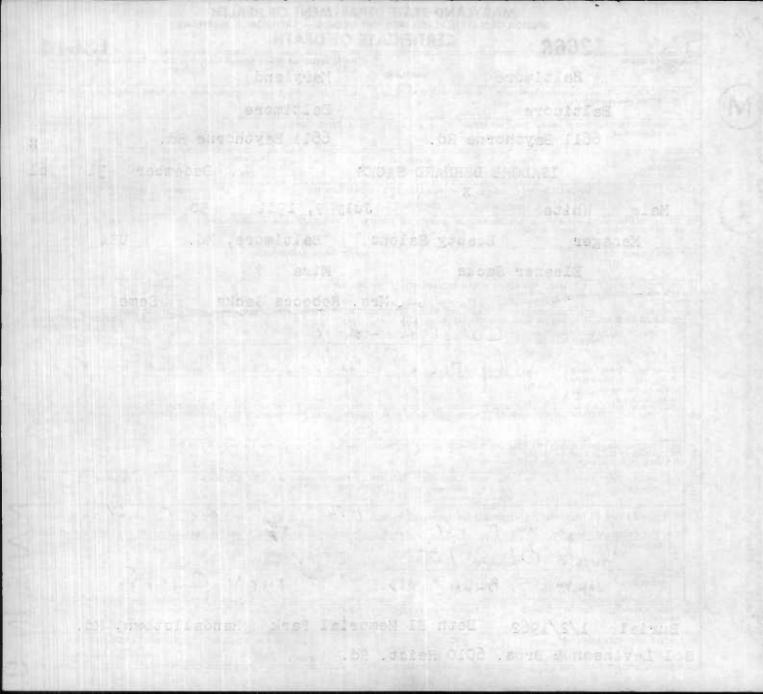
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ISION OF	STATISTICAL	RESEARCH	AND	RECORDS	-	BALTIN	ORE	I, MARYI	LANI
	CEI	DTIELC	ATE	OFF	EA	TL			

13666 CEKIII	TICAT	E OF DEATH	3644
1. PLACE OF DEATH o. COUNTY Baltimore MARY	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence bear STATE b. COUNTY Balt	fore admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Baltimore	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give **Baltimore**	nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6611 Baythorne Rd.		6611 Baythorne Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Middle ISADORE BERNARD	SACK	S Lost 4. DATE Month OF DEATH December	31 Year 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE WIDOWED DIVORCE		DATE OF BIRTH 9. AGE (In years less birthdoy) TULV 9. 1911 50 yrs.	AR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY
Manager Beauty Sa	TOUS	Baltimore, Md. USA	1
Eleazer Sacks		Mira ?	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give war or dates of service)). 17. INF	ormant Address S. Rebecca Sacks Same	
1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c),	V		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebral MMEDIATE CAUSE (g)	Leur	rohage	NSET AND DEATH
Conditions, if any, which by by best week	Car	de Vamlar Wiseare	Jyr.
gave rise to immediate couse (o), stoting the <u>under-lying couse lost.</u> DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED.	(Enter nature of injury in Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of wark of wark		CE OF INJURY (Home, farm, 20f. (City or tawn) (Cour pry, street, office bldg., etc.)	ty) (Stote
21. 1 certify that (1) (this haspital) attended the deceased saw the deceased alive an 1961, and		ath accurred at 3 km, from the causes and an the do	that (I) (we) las
220. SIGNATURE July & Blum lus	М.	D. ATTENDING MED. STAFF PHYS. D	22b. DATE SIGNE
22c. PHYSICIAN'S JOSEPH S. BLUM CL	UD.	22d. ADDRESS 1115 M. Calvert &	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. Date THEREOF 23c. NAME OF CEM Beth El		CREMATORY 23d. LOCATION (City, town, or county) Orial Park Randallstown,	(Stote) Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNA	10
Sol Levinson & Bros. 6010 Rei	st.	Rd. DATE INN 4 '62 archur S.	Thank



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH o. COUNTY Ba.	ltimore		MARY		a. STATE	rylar		d lived. If inst b. COU	NTY		before admi	
	If autside carporote limi	ts. write	c. LENGTH OF STAY	IN 1b				rote limits, wri				
RURAL and give no Towson	earest tawn)		20yrs.		/	son 4						
d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS	17				e. IS RE	ESIDENCE A FARM?
1004	Concordia	Dr.			1004	Conco	rdia	Dr.				NO X
3. NAME OF DECEASED (Type or print)	Nina Es		e Miller	· Sa	nford		4. DATE OF DEATH		Month	2.7	Day	Year 19 61
5. SEX			RIED NEVER MARRIE		ATE OF BIRTH	1		9. AGE (In ye	ors IF		YEAR IF UNI	
female	white	WIDOWE			3-14-	1873	1 E	last birthdo		Aanths D	ays Hours	s Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPL	ACE (Stote	ar foreign c	ountry)	(h	12. CITIZE	N OF WHAT	COUNTRY?
homemal			home	1000		irgir				U	.S.A.	
13. FATHER'S NAME		33E		1	14. MOTHER'S	MAIDEN N	IAME					
	el P.H. M			1	Fan	nie	????					
	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.				0 - 3		Address			
no			none	C.	Mille:	r Sar	n ora	,	abo	ve		
	ATH [Enter only one co	use per lir	ne for (o), (b), and (c).	3-1-1		Ah		,			ONSET AN	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		10101	day	7/	117	on	1605	(5		24	the.
4201	DUE TO	6		1 1	10	1		1			1	
Canditians, if o		K	Unelali	ZRX	-12	lec	con	·loca.	Ce		10~9	1
gave rise to i												
lying couse last.	(0	:)										
PART II. OTH	her significant con	iditions <u>c</u>	CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN	IN PART	PERF	S AUTOPSY FORMED?
20a. ACCIDENT WAR	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter noture o	f injury in F	Part I or Par	t II of item 1B.)			
ZOc. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED Not while at work		OF INJURY (I y, street, affice			ar tawn)		(Co	unty)	(Stote)
21. I certify the	at (I) (this haspital),attend	led the deceased	fram O	27	19	12,10	Obe:	260	196/	, that (1)	(WePlast
saw the decea		1/2	/ / /					the causes				-
22a. SIGNATURE												22b. DATE
Kelle	wall to	200	Jun 01	2 M.E	ATTENDING	G ME	RECTOR [STAFF PHYS.				SIGNED
22c. PHYSICIAN'S NAME (Type)	harle	ST.	O'Don	we.	22d ADDRI	501	140	1	80	1 #4	L/1/	2/-
23a. BURIAL, CREMATIC	ON. 23b. DATE THEREC	OF .	23c. NAME OF CEME	ETERY OR C	REMATORY		23d. LOCA	TION (City, to	wn, or	caunty)	(St	tote)
Burial Specify	12-29-		Elkton (Cemet	ery		Elk	ton,	Vir	gini	.a	
24, FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			250. REC'I	D BY REGIST	TRAR 25b. F	REGISTE	AR'S SIGN	NATURE	
Brooks Fu	neral Ser	vice	Towson L	+, Md		DATEDE	C 2 9 '6	1	anik	m 8. 9	issus	

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the funeral urs after O HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ath. Page 4 certained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and clerety filled in beinector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4)

15M 7/61

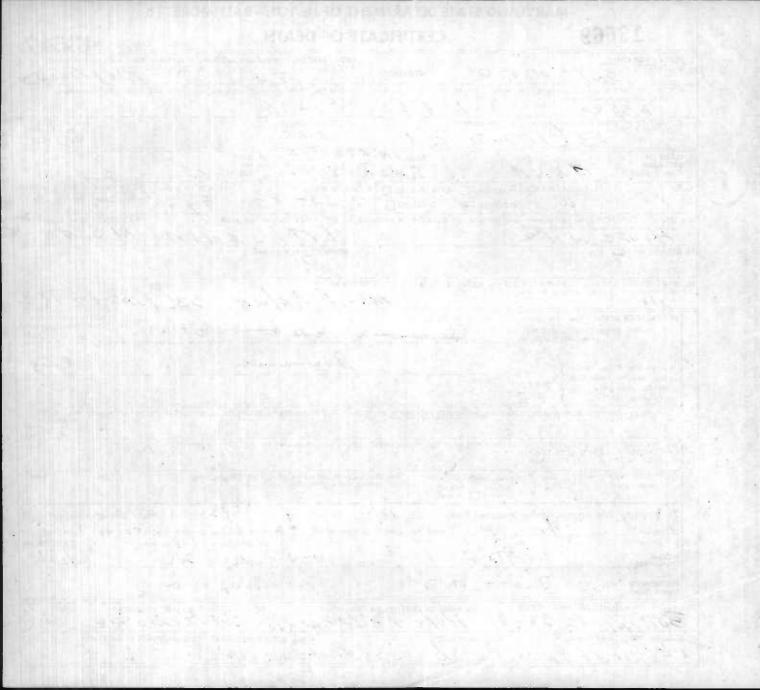
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13646

-												
1.	PLACE OF DEATH		-		2. USUAL RESIDEN	CE (Where de	ceased livad, If b. COUN		lence before	edmission)		
		Baltimore		MARYLAND		aryland		Balt	0			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town)								
п	CA CA	ington		6 mos	Cowing	tton						
	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hos	pital, give streat address)	d. STREET ADDRESS e. IS RESIDENC							
		Horange Ros	ad		302 Hor	rango R	oad			NOX		
3.	NAME OF DECEASED	First	1277	Middle	Last	4. DATE	Month	D _i	ay Ye	ar		
	(Type or print) Edna S Sarangou				ulis	lis DEATH 12			9 1961			
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)			R 24 HRS.		
	Female	White	WIDOWE	D DIVORCED	10-31-1893		68 yrs.	Months Days	Hours	Min.		
10	. USUAL OCCUPATI	ON (Give kind of work	1Db. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY		
00	Housewi	rking life, even if retired LE	1)	Housewife	Blandon I	Pa.		US	A A			
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
	J	ohn Barlett	;		Sara S	Suggart						
15.	WAS DECEASED EVI	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address					
(10	NO NO	yes give war or detes of se	2]	10-24-4804 W	Villiam Sarang	goulis	302 Hor	range Ro	ad			
	18. CAUSE OF D	EATH Enter only one	cause per li	ine for (a) (b), and (c)					INTERVAL BE			
		WAS CAUSED BY:		nelistila	1º CA				ONSET AND	DEATH		
	174	DUE TO		The contract of	1							
	Conditions, if any		/	n n N	MARIA	11						
	gave rise to immedi	1 1 1 1 1 1		24.0	00 00 01	101						
	(a), steting the us	DI JIII TO						-				
	cause last.) (c)_										
o Z	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY ORMED?		
I K									YES	NO 🗌		
CERTIFICATION		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Pert II	of item 18.)					
	20c. TIME OF INJU	1	12041	NUURY OCCURRED 200, PL	ACE OF INJURY (Home, ferr	n, ' 20f. (City	an town)	(County)		(State)		
MEDICAL	Hour e.m.	RY Month, Dey, Yee	While et work	Not While fa	ctory, street, office bldg., etc		or lown)	(County)		(Sidie)		
			-	ded the deceased from	12-1	19 6 /to	12-	9 19 6	hat (I)	(we) last		
		ed alive on	3 (.	119 (a) and the	9	,			,			
	22a, SIGNATURE	٠.	0						22	b. DATE		
	MAL	Mm	ihin	on line		MED. DIRECTOR	STAFF PHYS.			SIGNED		
	22E. PHYSICIAN'S NAME (Type)		1	1000	22d. ADDRESS			Locali				
23	BURIAL, CREMATI- REMOVAL (Specify) Burial	ON. 236. DATE THERE		Charles Eva	or crematory ins Cemetery	1000	ation (City, to		enna	State)		
24	FUNERAL DIRECTOR	'S SIGNATURE	100	ADDRESS	25a. REG	C'D BY REGIST	RAR 256. REG					
4	7	160. 4	Cont.	740/ Belain 1	Par & DATE	שבט י נ		Cirilwo 2	, / CLANNES			
104	wasakn?	June 12 12		1 10 Fullation	Charle Invite							

At Laborate . on general in the state of the same To Divine a proprietable propri And was 18 18 7 among the most in more than



2. USUAL RESIDENCE (Where daceesed lived, If Institution: Residence before admission) h. COUNTY c. CITY OR TOWN (If outside corporate fimits, write RURAL end give nearest town) Catonsville e. IS RESIDENCE ON A FARM? 1106 Landington Ave YES NO T 4. DATE DEATH Dec. 15. 1961 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months Days Hours 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Mamia----Address Ernest H.Schaefer, 1106 Landington Ave INTERVAL BETWEEN ONSET AND DEATH GNG PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) | 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) (State) 20f. (City or town) (County) 19(2.1., that (I) (we) last from the causes and on the date stated above. DATE 22b. SIGNED DIRECTOR PHYS. 23d. LOCATION (City, lown or county) Woodlawn 255 REC'D BY REGISTRAR 1256 REGISTRARIS SIGNATURE Edmondson Ave. DATE DEC 1 8 '61 arthur & thous

VR A15 (4) 15M 7/61

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1106 Landington Ave 1106 Landington Ave

. Poerl Ruth Schoefer Dec.15,

Clerk American Stores Ms.

Ja-

ART

Harry Pinkler Wester-----

216-09-4690 Ernest H.Schmefeb, 1106 Lendington Ave

Burish 15/18/51 S Loursine Park Jemty. Boundary M. Titke L. S. 41.01 desondeon ive. Page 4

13671

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

Reg.	Dist.	No.	4	0	C	4 4

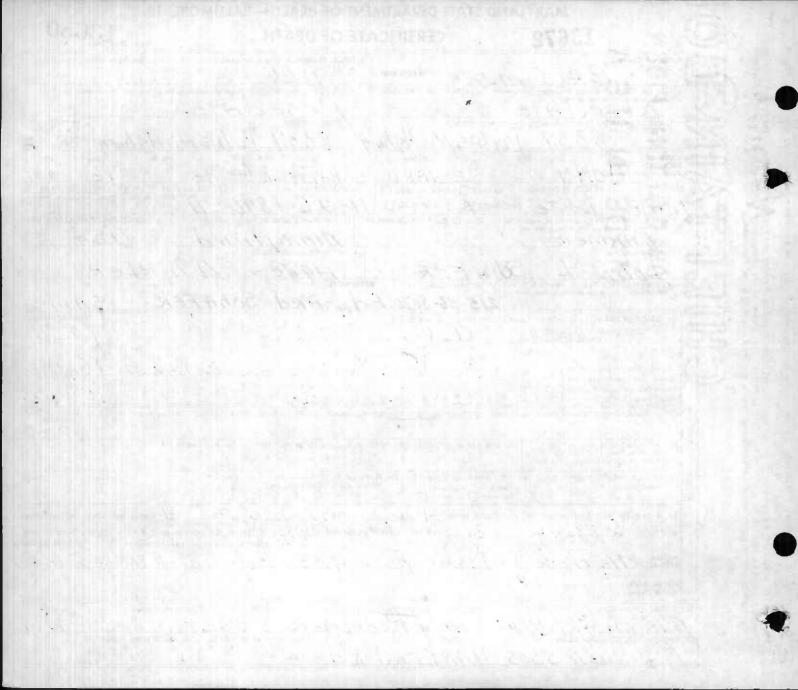
	70017		- Caltin			/ \				Reg. D	ist. No	11	160
. PLACE OF DEATH		120			2. USUAL RESI	DENCE (W	here decease			an: Reside	ence befa	re admiss	ian)
Baltimore			MARYLA	ND	a. STATE b. COUNT					Baltimore			
b. CITY OR TOWN (II RURAL and give ne	f autside carporate limi	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR	TOWN (If	autside corpo	rate limits,	write R	URAL ond			
Parkvi			12 years		X Ps	rkvi	110						
d. NAME OF HOSPIT	AL (If nat in haspital, g	ive street			d. STREET A	1 May 10 May 1 May 1	other sites (a)					e. IS RES	IDENCE
OR INSTITUTION	008 Putty	Hil	l Ave		3008	Put	ty Hi	111 /	Ave				FARM?
NAME OF DECEASED	Fir	st	Middle		Las	t	4. DATE		Mon	th	Do	ly .	Year
(Type or print)	Henrie	tta			Schaf	er	OF DEATH	1	Dea		4		1961
. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	T 8.	DATE OF BIRT	н		9. AGE (I last bir	n years		R 1 YEAR	IF UNDE	
F	W	WIDOW			Nov. 26	.187	4	last bir	thday) yrs.	Manths	Days	Haurs	Min.
a. USUAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS OR					auntry)	TV.	12.CI	TIZEN OI	WHATC	OUNTR
HOUSE!	ing life, even it retired)	at home			rvla					USA		
3. FATHER'S NAME				7	14. MOTHER'S	V					ODA		
	Herman A	. Sc	hrieber			ther		[ink]	0				
5. WAS DECEASED EVER				INI	ORMANT	01101	1110 1.	17111/7	Addr	ress			
Yes, no, or unknown)	If yes, give war or dales of s	ervice)	none	Mr	e Cer	TOO	Otrad	COTTO		-	oma		
-			ne far (a), (b), and (c).]	ماديالا	s. dec	130	Outac	TOVE		2	ame	ERVAL BE	
gave rise to in cause (a), stating the lying cause last.	the under- DUE TO)	CONTRIBUTING TO DEATH	I DUT N	OT BELLTED TO	THETERA	INIAL DISEAS	F COMPLE	1011 6111	(F) (b) DA	DY 1/ 1/2	2414.0	ALITOR
PART II. OTH	EK SIGNIFICANI CON	DITIONS	CONTRIBUTING TO DEATH	4 ROLV	OI RELATED TO) THE LEKM	INAL DISEAS	E CONDII	ION GIV	EN IN PA	KI I(a) I	PERFO	RMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature o	f injury in	Part I ar Par	t 11 of item	18.)				
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	While at war	Nat while	e. PLAC facto	E OF INJURY (ary, street, affic	Home, farn e bldg., etc	n, 20f. (City	or town)			(Caunty)		(Stot
21. I certify the	at I attended the	deceas	ed fram.		, 192	1, 10	ee. 4		1201.	that I I	ast sav	v the d	lecease
alive on the	03	. 198	of Gand that d	eath o	accurred at	Ia.	M. fram						
	1.	1				-	ADDRESS (S						E SIGN
SIGNATURE	pero	1	ause	м	D. //	G.	Oh	ase	1	1	-		
PHYSICIAN'S NAME (Type)					10	Bal	Fue	con	e	2	Te	co	*
a. BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCA	TION (City	, tawn, c	ar county		(Stat	e)
REMOVAL (Specify)	12/7/19	61	Baltimo	ore	Cemet	erv	Balt	imor	9	Mari	71an	6	
. FUNERAL DIRECTOR	SIGNATURE		ADDRESS			24a. REC	D BY REGIST	1150	-	STRAR'S		RE	
C. F. 25	lans & So	n 8	802 Harfor	rd :	Rd.	DATE DI	EC 7- '6	51	an	Must &	. His	4	

in by the funeral director, and 2 shauld be filed with 24 hours after Pages 1 DING PHYSICIAN: The law requires that the death certificate be executed within TO MOSPITAL OR A DING PHYSICIAN: The low requires that the death certificate be executed within the retained by haspital an ottending physician.

TO MANERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Page the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 1SM 9/58

was a suppose of the same The sale was a long to the country and a sale of annotation as MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TOXPUTAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in after the page 4 m. a retained by the hospital or attending physician.

TOXPUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, without 2 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13673 CERTIFICATE OF DEATH

13651

IJ,	e. COUNTY	e. STATE b. COUNTY								
1	Baltimore MARYLAND	Maryland Baltimore								
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Rural Towson d. STREET ADDRESS O. IS RESIDENCE								
1		ON A FARM?								
	Villa Maria Notch Cliff	Glenarm, Maryland YES X NO [
1	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer								
	(Type or print) Sister Mary Benita (Schenk									
1		DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.								
	F W WIDOWED DIVORCED	Tano 15 1999 72 yrs. Months Deys Hours Min.								
1	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	June 15, 1555 (5								
	done during most of working life, even if retired)									
	Teacher RELIGIOUS	Rochester, N.Y. United States								
		14. MOTHER'S MAIDEN NAME								
	Roman Schenk	Martha Schnabel								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) ((Ifyesgivewerordetesofservice)	NFORMANT Address arm, Md.								
		ster M. Henrica Villa Maria, Glen-								
=	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH								
	S BART I DEATH WAS CAUSED BY									
	SPART DEATH WAS CAUSED BY: Cerebral Hemorrhage 6 hrs.									
	Conditions, if any, which have the Arterio-sclerosis									
4	Conditions, if enf, which geve rise to immediate cause									
	(e), stating the underlying DUE TO									
	ceuse lest. (c)									
1/3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO									
1 3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO								
100	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)								
100	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH									
		CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete)								
1 2	Hour e.m. While Not While	ory, street, office bldg., etc.)								
	p.m. 19 el work et work									
-	21. I certify that (I) (this hospital) attended the deceased from									
	saw the deceased alive on Sept. 6	death occured all								
	220. SICHATURE	22b. DATE								
	Illiarlost to bound	ATTENDING MED. STAFF DIRECTOR PHYS. 12-30-61								
	22c. PHYSICIAN'S	22d. ADDRESS								
	NAME (Type) Dr. Charles F. O'Donnell	7501 York Road Towson 4. Md.								
=	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY									
	REMOVAL (Specify) BURIAL 1-2-62, VILLA MAR									
2	24 FUNERAL DIRECTOR'S SIGNATURE 9015, CONADDRESS ST.	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
	Charles S. Seiler BALTO., 24, MD.	DATERN 2 162 Colling S. Krane								
12		JAIL *								

LOUIS RELIGIOUS Manager Lines Control

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13674 CERTIFICATE OF DEATH 13652

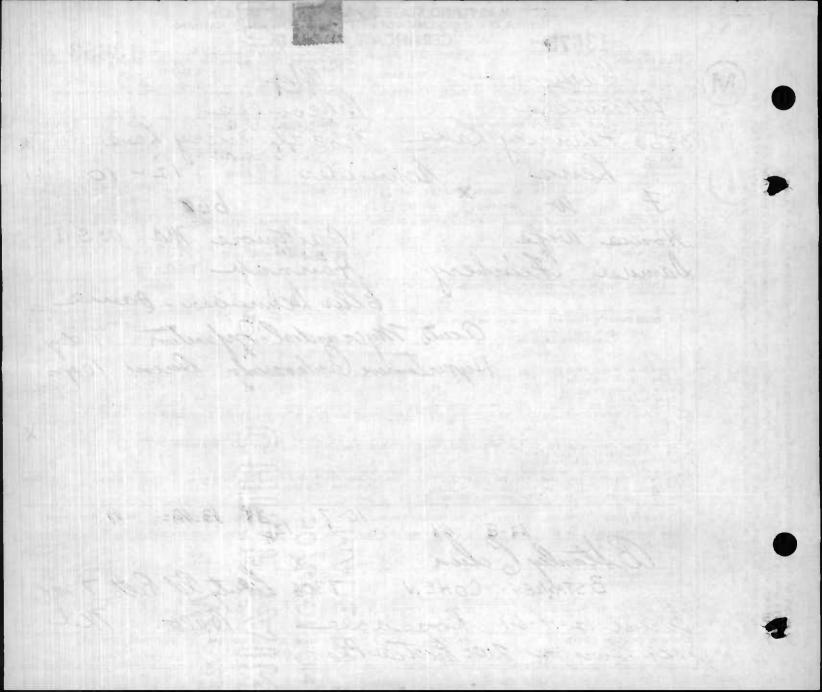
1. PLACE OF DEATH a. COUNTY				CE (Where deceesed lived, If		dence bafore ad	Imission)	
Bal timor	е	MARYLAND	o. STATE Maritand b. COUNTY Harford					
b. CITY OR TOWN (if outside of write RURAL end give need	orporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outsida corporata limits, writ)	
Fort Howar			Belair		1	2 Y	7	
d. NAME OF HOSPITAL OR INS		pital, give straat address)	d. STREET ADDRESS			e. IS RES		
Veterans Ad	ministratio	n Hospital	19 Lake D	rive RD#3		YES _	FARM?	
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Mont.	h [Dey Year		
	ODORE		LATZER	DEATH Decemb	per	30 19 6	51	
5. SEX 6. COLO	R OR RACE 7. MARRIE	D X NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers				
	ite WIDOWE		4/4/84	lest birthdey) 77 yrs.	Months Dey	/s Hours	Min.	
10e. USUAL OCCUPATION (Give done during most of working life,	kind of work 10b, K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stete, or foreign country)	12. CITIZE	N OF WHAT CO	DUNTRY?	
	anical)		Baltinore, M	aryland				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Theodore A.			Wilhemin	a Tiegel				
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) (Ifyesgive we	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT Clin	ical Recorders	VA Ho	spital	-	
Yes WW-		5-07-7736 Ba	ltimore 18.	Maryland-FORT		_	N	
18. CAUSE OF DEATH [En	ter only one cause per l	ine for (a), (b), and (c).)				INTERVAL BETY	VEEN	
PART I. DEATH WAS CA	USED BY: CAUSE (0) PUI	MONARY INSUFFI	CTENCY			1 month		
Cn 31	Due To	101011111100111						
Conditions, if any, which	(b) EME	PHYSEMA, CHRONI	C			5 years	S	
gave risa lo immediate ceusa	DUE TO)					
(a), steting tha underlying couse last.	100000							
	ANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	FN IN PART 16	1) 19. WAS AU	TOPSY	
STATUS POSTOR		J.R. OF PROSTAT				PERFOR		
PART II. OTHER SIGNIFICAL STATUS POSTOF COR CONTRIBUTING LAUSE IN FETHER, NOTIFY MEDICAL	OF DEATH	CRIBE HOW INJURY OCCURED	(Enter nature of injury in a	Pert I or Part II of item 18.)		-		
	1	INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (5	state)	
20c. TIME OF INJURY Mor	While et work	Not While feet	ory, street, office bldg., etc.				,	
21. I certify that XI) (t	his hospital) atlene	ded the deceased from	Nov. 13	1951., 10 Dec. 30	19.6	, that (IX (v	ve) last	
saw the deceased alive	on Dec. 30	1961 and that	death occured at.A.	M. from the causes	and on the	date stated	above.	
220. SIGNATURE	1	2 -0					DATE	
1 Can		JEREN DE		AED. STAFF		12/30/	SIGNED	
22c. PHYSICIAN'S	190	W.	22d. ADDRESS			201	-	
NAME (Type) PAU	L BORMEL, M	.D.	WAH Balto	18, Md-Fort Ho	ward Di	Lvision		
23a. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Ste	te)	
REMOVAL (Specify)	Jan 62	Baltimore Nat	fional Comete	ry Baltimore)	Maryland	3	
24 FUNERAL DIRECTOR'S SIGNAT	TURE 1.0	& Yorks Road		D BY REGISTRAR 25b. RE		0	-	
Moran Funeral Ho	42110	timore 18, Mar	yland DATE	AN 3 '62 C	Irthur S.	Krauis		
			-					

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IDING PHYSIC	hospital ar al	R: After this cert
TO MOSPITAL OR A JOING PHYSIC	be retained by	TO UNERAL DIRECTOR: After this cert
VR 15	A I	15 (9/5

MARYLAND STATE DEPARTMENT OF HEALTH

13675 CERTIFICA	AND RECORDS — BALTIMORE 1, MARYLAND
1. PLACE OF DEATH G. COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OF TOWN (If outside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c, GTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION 3563 Flannery Lane	d. STREET ADDRESS J. 503 Flannery Land ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print) Leva Schra	Lost A. DATE Month Day Year OF DEATH 12-10 1961
5. SEX 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lay builday) 15 UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most af working life, eyen if retried)	Baltimore Md WSA
Danuel Feinberg	Hannah Femberg
(Yes, no. ar unknown) (If yes, give war or dates of service)	Slis Schneider - Jane
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y Crandial Infantion I day
Canditions, if ony, which gove rise to immediate (b) Heypur Lenser	re Cardinamular Deceme 10 yrs
cause (o), stating the <u>under-lying couse last.</u>	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
ICATIC	PERFORMED YES NO ED. (Enter nature of injury in Part I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE OF INJURY (Home, form, 720f. {City or tawn} {County) (State
Haur a. m. p. m. 19 While Not while of wark of wark	actary, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased glive an	death accurred a 2 pM, from the causes and an the date stated abov
Dollanley 6 duen	M.D. ATTENDING MED. STAFF SIGNI
NAME (Type) B. STAWLEY COHEW 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or caunty) (Style)
REMOVAL (Specify) 24/FUNERAL DIRECTOR'S SIGNATURE/ ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
LOCK Lewis One 2100 Entra	DAREEC 1 4 '61 Ocher S. House.



	•	6	THE DESIGNATION OF THE PERSON
2000	directar, filed with	~	1. PLACE OF DEATH a. COUNTY B
	the funeral dir should be file	(M	b. CITY OR TOWN (IF RURAL and give
200	in by the	X	d. NAME OF HOSPITA
2	. 5		2 MANE OF

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. METYLAND
b. COUNTY altimore MARYLAND autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) altimore Baltimore L (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6243 Robin Hill Road 243 Robin Hill Road YES INO I Middle 4. DATE last 161 DECEASED HELEN SCHWARTZ December 6 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last biethday) White Manths Days Haurs Female WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working the even if retired) At Home Hungary USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Weiss Barbara Beck IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Lillian Schwartz-6243 Robin Hill Rd no 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Levosileibre Cardio vasidar Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Part || of item 18.) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Haur a. m While Nat while at wark at wark SEPT 19 6 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at alive on KITM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 3501 ACTUAL

te has been signed burial-transit permi per attending physician. MD certificate SD 5 use DING PH haspital After this toched be retained by he UNERAL DIRECTOR: A prior pluods

comple

puo carbon

physician

attending edse

the

by

that

move hours

d

SIGNATURE

PHYSICIAN'S

NAME (Type

22a. BURIAL, CREMATION,

REMO (Beily)

EON

Dec

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Inc. 6010 Reist. Sol. Levinson & Bros.

KASSEC, M.D

Beth Joseph

24a, REC'D BY REGISTRAR F dATE

24b. REGISTRAR'S SIGNATURE arthur S. Thomas

York

22d. LOCATION (City, town, or county)
Herkimer, New

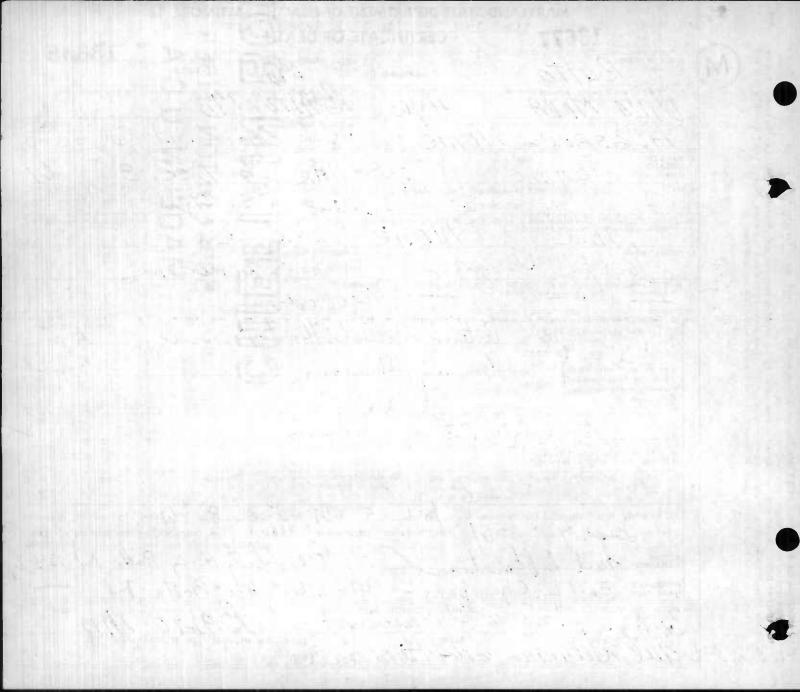
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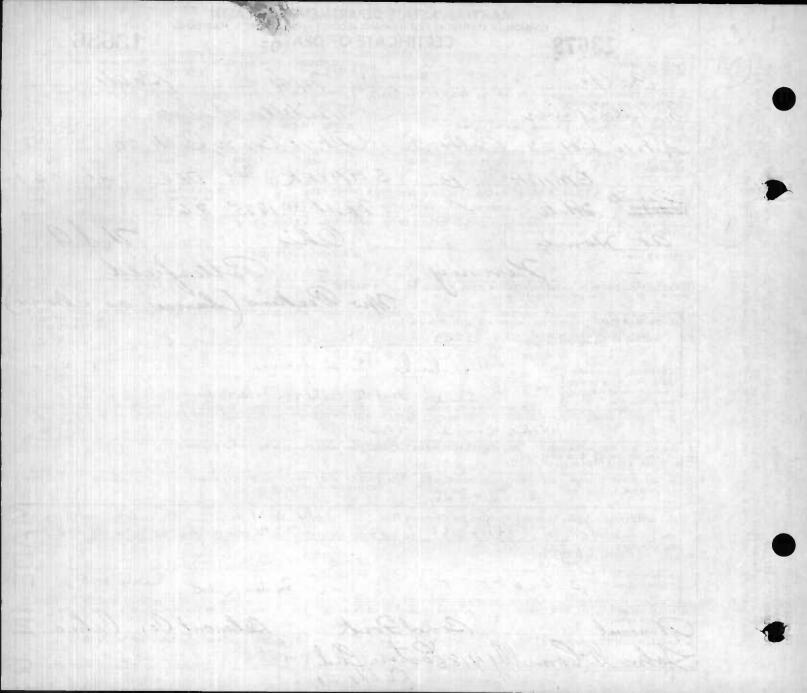
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death that

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 13656 13678 with director 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RDRAL and give nearest town shauld uddlis Aures d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR-INSTITUTION ON A FARM? YES NO in NAME OF 4. DATE Middle Month Day Year DECEASED Pa -DEATH 196 Pages death. (Type or print) 20 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours complete DIVORCED [WIDOWED A papers. 6 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) pup one 200 pan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician remaye 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wor or dates of service) attendi INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (0) DUE TO by Days Conditions, if ony, which gned gove rise to immediate per DUE TO d arter w Schero sis cause (o), stoting the underlying cause lost burial-transit been OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Blodoninal 7000 has YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) certificate 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED (County) (State) Year factory, street, affice bldg., etc.) Haur a. m. While Nat while of work of work After 19.6 /, that (1) (we) last 12 21. I certify that (I) (this hospital) attended the deceased fram. 12 19 6/ to 12/16 196/, and that death accurred at 2:30M, from the causes and an the date stated above. saw the deceased alive on DIRECTOR 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S P 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town, ar caunty) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) emerical 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: 25a. REC'D 8Y REGISTRAR 25h. REGISTRAR'S SIGNATURE DATE DEC 2 6 '61 arthur S. Trans 15M 9/59



MADVIAND STATE DEPARTMENT OF HEALTH

MAKILAND	STATE DEPARTMENT OF MEALIN
DIVISION OF STATISTICAL	RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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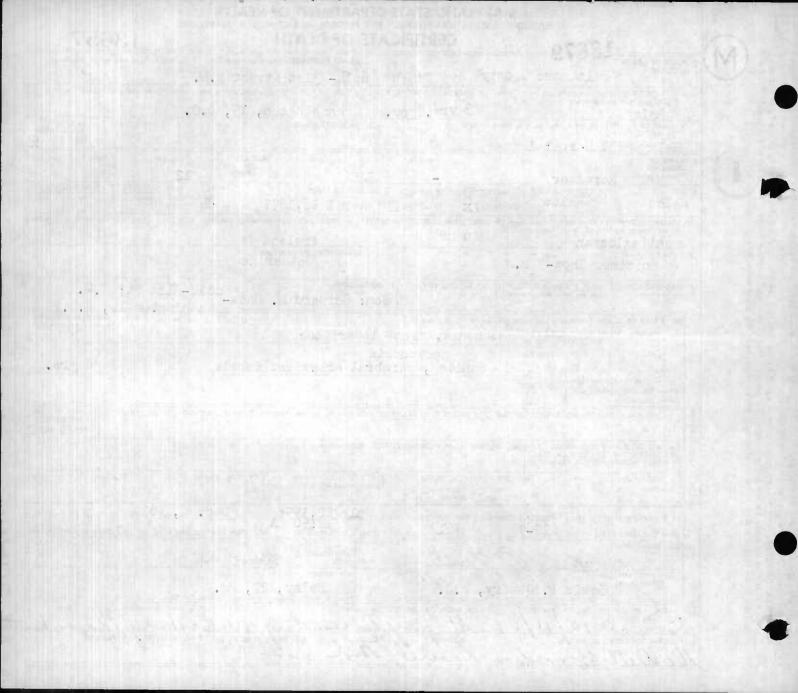
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1	3670		CERTIFICA	AIL	OI DEATH			TO	001	
PLACE OF DEATH	Baltimore C	ounty	MARYLAND	2.	USUAL RESIDENCE (W. S. S. S. TATE	here decease	N . W .	ian: Residence	befare adm	nissian)
b. CITY OR TOWN (If RURAL and give ne	autside carporate limit arest tawn)		NGTH OF STAY IN 18		c. CITY OR TOWN (If	autside carp	orate limits, write f	RURAL ond give	nearest to	own)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, gi		yrs.lmos.		Washingto	on, 15	, D.C.			RESIDENCE A FARM?
Relay Hil	1 Hospital								YES	□ NO €
NAME OF DECEASED (Type ar print)	First ortimer		Middle	SH	Lost F.A	4. DATE OF DEATH	Mo 1 12	nth . g	Day	Year 19 6 /
sex Male	6. COLOR OR RACE	7. MARRIED WIDOWED] B. D.	ATE OF BIRTH pril 16,187	77	9. AGE (In years last birthday) OLL yrs.	Manths Do	YEAR IF UN	
during mast of work	N (Give kind of work d ing life, even if retired)		of Business or ini	DUSTRY			cauntry)			TCOUNTRY
meat sale FATHER'S NAME Mortime	er Shea- r			14	Irelai . MOTHER'S MAIDEN Cathe	NAME		0	SA	
	R IN U. S. ARMED FORC			infor	MANT Gernard M	. Shea	6614-31°	st St;	N.W.	
	TH [Enter anly one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		(a), (b), and (c).] nia, right psychos		ver lobe				ONSET AN	BETWEEN ND DEATH O day:
Canditians, if or gave rise to in cause (a), stating lying cause last.	ny, which (b). mmediate DUE TO	Ser			l arterioso	cleros	is		8 у	rs.
) (c) ER SIGNIFICANT COND	DITIONS CONTR	IBUTING TO DEATH B	UT NO	RELATED TO THE TERM	AINAL DISEA	SE CONDITION GI	VEN IN PART 1	PER	AS AUTOPS'
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (E	nter nature af injury in	Part I ar Pa	rt II af item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea 19	While I	OCCURRED 20e. Nat while		OF INJURY (Hame, fare street, affice bldg., et	c.)	y ar tawn)	(Cau	inty)	(State
sow the deceas	t (I) (this hospital) ed alive on 12–7		47		16.70	A	Dec. 8,1		dote state	
22a. SIGNATURE	Lewis 1	P. 7/2	moley	M.D.	PHYS. D	AED.	STAFF PHYS			22b. DATE STGNE
22c. PHYSICIAN'S NAME (Type)	Lewis P. Gu	indry, N	I.D.		Relay,	27, M	id.			
o. BURIAL, CREMATIO	N. 23b. DATE THEREO	9 23c.	MAME OF CEMETERY	OR CR	Cemeter	23d. LOCA	TION (City, town,	ar caunty) C	Man (S	state)
FUNERAL DIRECTOR	SSIGNATURE	en 2	Appress	n	25a. REG	EC 1 1	TRAR 286. REG	ISTRANS SIGN	ATURE	

Poge 4 led in by the funeral director, TO JOSPITAL OR A Month of PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter described by hospital or attenting physician.

TO JONERAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the function page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Provided the 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Provided the 3 should be detached for use of the purior to burial, cremation, or removal, and in any event, within 72 hours ofter reath.

VR A1S (4) 1SM 9/S9



FOR STATE MEDICAL HEALTH DEPT DEPUTY ME AL EXAMINER: This certificate should be executed within 24 hours after dealing the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0 VS. A1SME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EYAMINED'S CEDTIEICATE OF DEATH

9	13000 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 13658
1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Whare daceasad lived, If institution: Residence before edmission)
	Calternore MARYLAND	a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	SCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Α	write RURAL end give nearest town)	A II
1	Middle Kiver	Mesville X
-	d. NAME OF HOSPITAL OP INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
d	27 East Cannoll Loland (loe)	19811 Corpuado Kd YES NO NO
ì	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Maurice Silverfab	OF DEATH Dec. 9.
	Lam 102 PILLAGITAD	19
П	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	VV WIDOWED DIVORCED	6 V yrs.
	10e. USUAL OCCUPATION (Give kind of work dope during most of working life, even if refired)*	Y 11. BIRTHBOACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Verding Machines	Russia- WSA
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
	fan ()	
١	Locus	Kessie
Н	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. (Yes, no, or unkown) (Ifyasgive werordetes of service)	// () // // -
	M	arvin lelverlark - bance
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: MOKE /h	hat a Tray ((O)) ONSET AND DEATH
ı	911 0	1117 (1114)
	116.0 DUE TO 60 15+0 G1	10xx 1h T fare
	Conditions, if any, which geve rise to immediate cause	TONS AVECT THE
	(a), steting the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OP DEATH	PERFORMED? YES NO NO
	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	nlar nature of Injury In Part I or Part II of item 18.)
	PRIMARY OF OF CONTRIBUTING TO THE CAUSE OF DEATH.	Vol Dut Room
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Siede)
3	Hour and In O / While Not While O / factor	pry, Acquir office bldg., etc.) M. A. A. C.
4	- Pinni	10111 1111 aux 1 with wind 14
9	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection Inquiry and in my opinion
	death resulted from: Natural causes , Accident Suici	de, Homicide, Undetermined manner
8	mon	CHIEF MEDICAL EXAMINER
9	ACTUAL SIGNATURE 11/3 Davis MA	M.D. ASSISTANT MEDICAL EXAMINER / DATE SIGNED
8		DEPUTY MEDICAL EXAMINER
J	NAME (Type) M. B. Davis. M.D.	Address (Street, city, town, or county)
	22a. PORIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	MEMOVAL (Specify) /2-11-6+ Kongrang	Kun 1208to Md
	28) FUNERAL DIRECTOR ADDRESS A	24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
	Green Levis mes 2100 Butto	PART DEC 12 1911 OF OK
1	for the view of the control	DATE DEC 13'61 Orthun 2. Thomas
/		

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maletely filled in by the funeral papers. Pages 1 and 2 should in 72 hours after death. cuted within 24

LACSPITAL OCTIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 lih. Page 4 may retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in E director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon gapers. Pages 1 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the T2 hours after a page.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

23681 CERTIFICATE OF DEATH 13659

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission
8. COUNTY BALTO MARYLAND	6. STATE ML. b. COUNTY BALTO,
b. CfTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown)
write RURAL end give neerest town)	X PATONSVILLE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
801 FREDERICK AVE	446 KENT AVE. YES NO
3. NAME OF DECEASED (Type or print) OLIVER H, Middle SI	1/1/0N 5 DEATH /2/26 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) 6. Wonths Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OLIVER SIMMIONS	GLEIM
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordatesofservice)	Mor mary Glein Simmor
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSEWAND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	heart failure I with
4-11 DUE TO	10
Conditions, if eny, which (b) HSCVD	10 years
gave rise to immediate cause	
(a), stefing the underlying couse last.	
PART II. OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
Emplysen	WEE ET NO ET
	D. (Enter neture of injury in Part I or Pert II of item 18.)
	ACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Stete) tory, streat, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	1957 to Dec. 26, 1961 that (1) (we) la
saw the deceased alive on Dec 26 19 61 and tha	t death occured at 3.0M, from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF SIGNI
22c. PHYSICIANG NAME (Type) James E. Rewe, M.D.	22d. ADDRÉSS
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 12/29/6/ Joudon	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24 AUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
main with + don (25	DOMEN 2 '62 archur S. Thans

ENTER EDICE SE LES ESTENSIONES ENTERS BELLERICH AUE HULL KENT AVE. DITTER H. GIMMIENS - HEYZE REST. INLERC- TEED N.T. MI323 CLIVER SHAMERS 215-09-7589 Min nary 2 lin General TUNDED HERE BUILDING ON BUILDING AND SERVICE The state of the s Canas E, kora, N.C. 12 12 12/26/21 Janda / Tale 12 Cel 32 Some many to the state of the same of the

FOR STATE

SEPULY MEL. AL EXAMINER: This certificate should be executed within 24 hours after deal any delay is ne by, ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 35. The funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Rage 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Board of Mainh, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13682 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13661

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission)
e. county Baltimore Maryland	. STATE Nd. b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town) Baltimore Md.	ural X Baltimore Md
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE
7340 Manahastan Pa	7340 Lanchester Rd. YES NO X
7340 Manchester Rd. 3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) GEORGE J. SKWI	IRUT OF DEATH 12/ 25/ 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min
M WIDOWED DIVORCED 3	
	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Sparrows Point	Baltimore Md U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Skwirut	Anna Ocha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
(Yes, no, or unkown) (Isyesoiye werordetes of service)	nomas Skwirut 7340 Manchester Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	nomas Skwirut 7340 Manchester Rd.
PART 1. DEATH WAS CAUSED BY: P-S-C-V 1	ONSET AND DEATH
IMMEDIATE CAUSE (e)	7,000
4221 DUE TO	
Conditions, if any, which (b)	
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	neture of injury in Pert I or Pert II of item 18.)
Hour e.m. While Not While fector	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, hel	Id an Autopsy . Inspection I Inquiry and in my opinion
death resulted from: Natural causes IV. Accident I. Suici	
Total resulted from: Notice Causes [2], Accident [2], Suice	CHIEF MEDICAL EXAMINER
ACTUAL MARINE	ASSISTANT MEDICAL EXAMINER 7 DATE SIGNED
SIGNATURE / / D	_M.D.
EXAMINER'S M. B. DAVIS MID	Address (Street, city, town, or county)
22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, of country) (State)
Burial 12/28/61 St. Stanisls	aus Cem Baltimore Md
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
John M. Weber & Sons Inchester St	DAT DEG 2 7 '61 arthur S. Praus
101 01 0110001 00	T O'THE STATE OF THE STATE OF T

HALP WALL TO SEPARATE ASSESSED BOARDES OF THE APPROPRIATE ASSESSED AS THE ASSESSED AS

TO YOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is after the page 4 may a retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MADVIAND STATE DEDARTMENT OF HEALTH

		AKILAND STATE DE			
DIVISION	OF STATISTICAL RE	SEARCH AND RECORDS	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
	12002		E OF DEATH		4900

40000

	A DA Thom	77 D: 7 - 0001 70	100167				00.
a. COUNTY	2.0611	17 Film 6304 12		NCE (Whare dacas		tutlon: Residence	a bafora admission)
	Baltimore	MARYLAND	a. STATE Marvla	and	Bolt:	more Ci	+ + + - /
	outside corporate limits,	c. LENGTH OF STAY IN 15		(If outsida corporate			
writa RURAL and g		27/2+	70-74			2.161	-4
	OWSON	2-1/2 months n hospital, give street address)	d. STREET ADDRESS	imore		3 VO1	. IS RESIDENCE
	DO		d. SINCE ADDRES.				ON A FARM?
	s Cola's Home		305 I	Robert St:	reet		YES NO
NAME OF DECEASED	First	Middla	Last	4. DATE	Month	Day	Yaar
(Typa or print)	OLIVE	CARROLL S	LATER	DEATH	Decem	her 14	1961
. SEX		ARRIED NEVER MARRIED XX B		19. A	GE (In years IF t	AU U A	IF UNDER 24 HRS.
-				la	,	onths Days	Hours Min.
Female	HILL OF	OWED DIVORCED	February-3		3] yrs.		
ona during most of work	IN (Give kind of work 10 ing life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (Cou	unty & State, or fore	ign country)	12. CITIZEN OF	WHAT COUNTRY?
Retired		School Teacher	Baltimon	re	The Later	IT	S.
3. FATHER'S NAME		00-10-01-01	14. MOTHER'S MAIDER			0.	
T - 1	. 07		-	CT			
JON:	n Slater.	16. SOCIAL SECURITY NO. 17. I	Olive	Shorey.	Address		
	asgive war or datas of sarvica)		or onitally	Jr.	Audiess.		
no	no	none Mrs	H. Boyd Wyli	ie. (hteke)	5002 G	reenlea	f (City-1
18. CAUSE OF DE.	ATH (Enter only one cause	par lina (or (a), (b), (dd (c).)		. 0			ERVAL BETWEEN SET AND DEATH
	WAS CAUSED BY:	1	WAR (rech.	101	no Ins	SEI AND DEATH
4	MEDIATE CAUSE (a)	011	range 0	our	neu.		
120	DUE TO						
Conditions, if any,							
gave risa to immadiate	DUIT TO					43 131	
(a), stating the und	seriying						
	GOVERNAT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE COM	UDITION GIVEN	IN PART I(a) 19	YZZOTUA ZAW .
PART III. OTTICK S	MONIFICARY CONDITIONS	CONTRIBUTION TO BEATTI BUT NO	TI KEENIED TO THE TERM	MINAL DISEASE COT	DITION OFFER	IN LOKE IGE	PERFORMED?
						Y	ES NO
PART II. OTHER S 200. ACCIDENT WAS OR CONTRIBUTING CONTRIBUTION CONTR		DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in	n Pert I or Part II of	tam 18.)		
(IF EITHER, NOTIFY M	MEDICAL EXAMINER)						
20c. TIME OF INJURY	Y Month, Day, Year 2	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, fa	erm, 20f. (City or	town	(County)	(State)
20c. TIME OF INJURY Hour a.m.	, , , , , , , , , , , , , , , , , , ,	Whila Not Whila fect	ory, street, office bldg., e			(000)	(5,5,5)
p.m.	19 al	I work at work		16,	X	-	
21. I certify the	at (1) (this hospital) a	ttended the deceased from	My	19.00/ 10	NEC	19 4/11	nat (I) (we) las
withe decease		11/14 61	death occured av.	AM from th	e causes an		
		n n	dealli occured ay		6 680303 8116	on me da	22b. DATE
22a. SIGNATURA	MEL	16-11	ATTENDING	MED.	STAFF	11.	III SINED
11/	0,109	yren M	.D. PHYS.	DIRECTOR	HYS.	12-1	4-61
22c. PHYSICIAN'S	111/11/11	-6-1-0-1	22d. ADDRESS	No / L	1.0	00	0
NAME (Typa)	WILLIAM	PEIFRICH	.141) () (1001	dear	id as	V
3a BURIAL CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON City, town	or county)	(Stata)
REMOVAL (Spacify) entombment							The state of the s
	Dec-15-61				more 2,		
4 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25a. R	REC'D BY REGISTRAL			
Stewart & Me	owen Co. 108-W	-North-Av. Balto	DATE	EC 1 8 '61	Circh	un S. Firme	
THE WOLLD WILL STATE		The same of the sa					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 84 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY LIMOI MARYLAND and b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) filled in by Pages 1 and write RURAL and give nearest town) ppers. Pages 172 hours after -nervi Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF Middle Month DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthdey) WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) House wife 13. FATHER'S NAME please attending and USON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c), DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from UCT 1936. , to 1, 19, that (1) (we) last saw the deceased alive on Ale 21. 196, and that death occured al. 50, from the causes and on the date stated above. ATTENDING 22a. SIGNATURE STAFF DIRECTOR PHYS. Cones FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS C. BROWN, JR 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) GREENMOUNT DURIAL 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SOOK-LOWSON -YORKR

IS RESIDENCE ON A FARM YES T NO TO

IF UNDER 24 HRS.

ONSEL AND DEATH

PERFORMED?

NO L

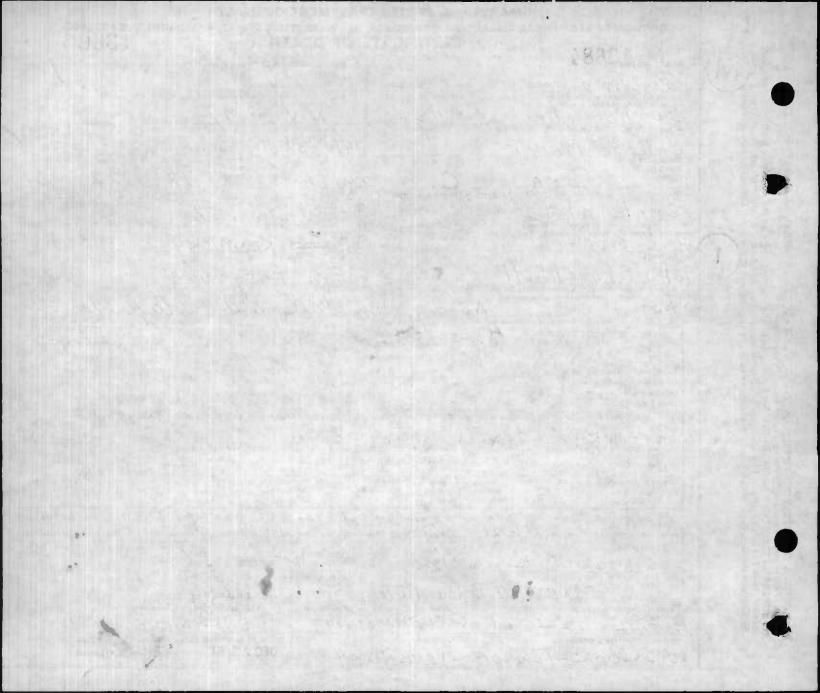
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22b. DATE

SIGNED

Day

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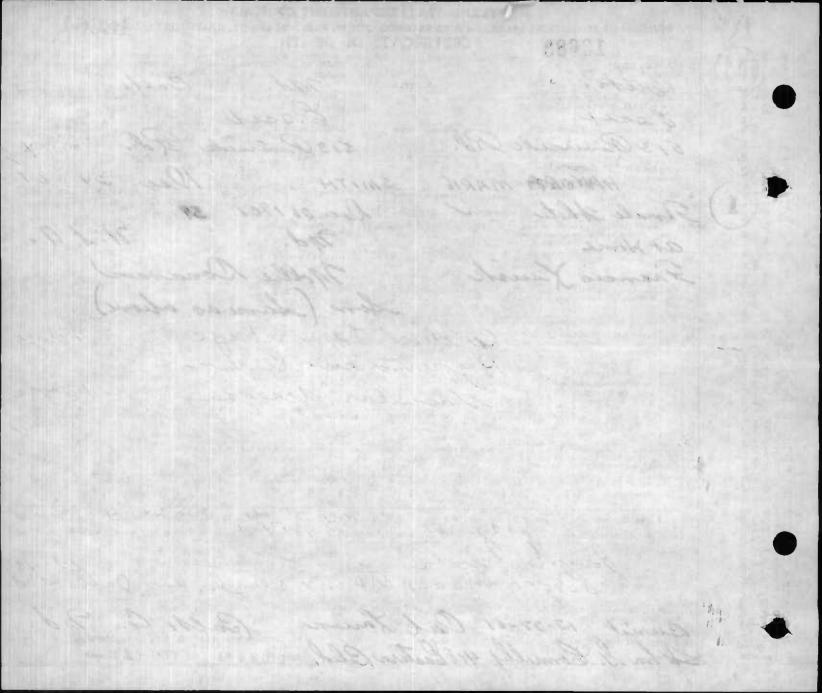
n and completely filled in by the funeral serbon papers. Pages I and 2 chorte. This, within 72 hours after death. LOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be example. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condinector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

> VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY AND CERTIFICATE OF DEATH 13685

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Balto, MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH 10 10 10
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birth way) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if retired) At Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Francis Yunk	14. MOTHER'S MAIDEN NAME Donavan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyesgivawarordalesofsarvice)	on (Same as alove).
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cerebral	Lemonhage Interval Between ONSET AND DEATH
Conditions, if ony, which DUE TO (b) Hyperter	reine Cardro-
geve rise to immediate cause (e), stating the underlying causa lest. (c) (c) (d)	er disease 13 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIB). (Enter neture of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, streat, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	may 10 1961, to Dec 24, 1961, that (I) (we) last the death occurred at
22e, SIGNATURE Joseph Juck	ATTENDING MED. STAFF 22b. DATE SIGNED 12/26/6
22c. PHYSICIÁN'S NAME (Type) JOSEPH MICELI M.	D. 22d. ADDRESS S. Juylor ane, Balto. 21 hd
Burns -	own Balts. Co. Ind.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS FOR MY GONNELLY 418 Gastern	Blid, DATDEC 28'61 Order & Firm



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13686

CERTIFICATE OF DEATH

Reg. Diet NOCCE

	Keg. Dist. 140.)	J
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE	on)
Baltimore MARYLAND	Maryland Baltimore	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	
Edgemere 4 years	Dundalk (22)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIT	DENCE
2549 Lodge Forest Road	8222 Longpoint Road YES	
NAME OF First Middle DECEASED	Lost 4. DATE Manth Day Yo	eor
(Type or print) SARAH REBECCA	SNEE OF DECEmber 4th, 1	967
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	200011001 4.011	
female white WIDOWED DIVORCED	B. DATE OF BIRTH July 3rd, 1875 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR	Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)		COUNTRY
during most of working life, even if retired) Housewife	Pennsylvania USA	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Shearer	Rebecca J. Younking	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	-
(Yes, no, or unknown) (If yes, give war ar doles of service) none Mr	s. Ruth Jaworsky same as #2	
18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c).]	INTERVAL BET	VA/EENI
PART I. DEATH WAS CAUSED BY:	ONSET AND I	DEATH
IMMEDIATE CAUSE (0) hemming	40e	yo
DUE TO A	- 1H 11 .	
Conditions, if ony, which gove rise to immediate (b) Arlamschunk	to dessense 774	
couse (a), stoting the under-	(-1-0	
lying couse lost. (c) American	Menselines 1 ps	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AT PERFOR.	UTOPSY RMED?
	YES 🗌	NO 🔀
DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
p. m. 19 of work at work		
21. I certify that I attended the deceased from from	, 19.53, 1a Alice 4 , 196/ that I last saw the d	lecease
alive on Dec 3 19.6/ and that death	accurred at 5.45 M, from the causes and an the date stated	
		TE SIGNE
SIGNATURE Tarner 1 Means	M.D. 503 Surrey Road 12/	5/67
1	m.o	24-45
PHYSICIAN'S James T. Means, M. D.	Towson 4, Maryland	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, town, or county) (State)	
Burial Verona Ceme		5 5
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

illed in by the formal director, Poges 1 and 2 should be filed with NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR AZENDING PHYSICIAN: The law requires that the death certificate be executed we haspital or ottending physician.

WHERAL DIRECTAL: After this certificate has been signed by the ottending physician and camples agong 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremotion, at removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/S5

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CONTRACTOR ASSESSMENT OF THE PARTY OF THE PA Seller A Roll S 是一个人,但是一个人,但是一个人的人,这一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的 E THE RESERVE OF STREET, LOS SERVES STREET, CONTROL STREET, CO

funeral

pletely filled in by the papers. Pages I and 2

or removal, and in any eyent, within 72 hours after death.

The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13666

	13687	CERTIFICAT	E OF DEATH	A COLUMN STREET		13666
1. PLACE OF DEAT	H			CE (Where decessed lived, I		sidence before edmission)
Ba	ltimore	MARYLAND	a. STATE Mary	land b. col	INIT	
b. CITY OR TOWN	(if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, wr	ite RURAL and	give neerest town)
Fort Hov		10 days	Balti	more	3 VO	1-4
d. NAME OF HOSP	PITAL OR INSTITUTION (if not in ho	spitel, give straat address)	d. STREET ADDRESS			e. IS RESIDENCE
Veteran	s Administration	Hospital	35 E. 25th	Street		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Mor	ith	Day Yeer
(Type or print)	LEO	W.	SNYDER	OF DEATH Decem	ber 2	7 1961
SEX			. DATE OF BIRTH	9. AGE (In yeer	s IF UNDER 1 YE	
Male	White WIDOW		November 30,	1896 65 yrs.	Months De	ys Hours Min.
USUAL OCCUPA	TION (Give kind of work 10b. I	KIND OF BUSINESS OR INDUSTR			y) 12. CITIZI	EN OF WHAT COUNTRY
ne during most of w	orking life, even if retired) U .	5. Government	Libonia,			S.A.
FATHER'S NAME	Soci	Lal Sec.Adm.	14. MOTHER'S MAIDEN			el alla
	Inredor					
Frank S		SOCIAL SECURITY NO. 17. 1		ice Kervin		
BS, no, or unkown)	(If yes give weror dates of service)			cal Records,	VAH, Ba	Ito. Md.
S CALLER OF		one Ft.	Howard Divis	ion		
	DEATH [Enter only one couse per TH WAS CAUSED BY:					ONSET AND DEATH
TAKI I. DEK	IMMEDIATE CAUSE (e)	ESH MYOCARDIAL	INFARCTION			10-12 HOURS
4	DUE TO					
Conditions, if on		RONARY OCCLUSI	ON, LEFT			UNKNOWN
(a), stating the	DILLETO		54-727-14			
cause last.	(c)					
PART II. OTHI	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1	(a) 19. WAS AUTOPSY
PART II. OTHI						PERFORMED?
200. ACCIDENT V	VAS UNDERLYING 2Db. DE	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part II of item 1B.)		
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)					
20c. TIME OF INJ		INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, fern	n, 20f. (City or town)	(County	y) (Stete)
Hour a.m.	Whil	eNot While fact	ory, street, office bldg., etc		(COUNT)	(2.510)
p.m.			D 307	63 5 65	(3	
	that (14 (this hospital) atter		Dec. I/.,	161, toDec 27	19.1	, that X (1) (we) las
saw the decea	ased alive on Dec. 27	1901, and that	death occured at	: 3W, a from the causes	and on the	e date stated above
228. SIGNATURE	1 - 11		ATTENDING /	MED STAFF		22b. DATE SIGNED
Aebi	Allau Turro	М	.D. PHYS.	DIRECTOR PHYS.	12	/27/61 SIGNE
22c PHYSICIAN'S		N D	22d. ADDRESS	100 200 270774	D D.	
INAME (IAb)	" SEBASTIAN RUSS), M.D.	VAH, BALIO	.MD. FT HOWAR	אדת ת	
BURIAL, CREMAT		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, t	own or county)	(State)
BURIAL	12-30-61	Arlington Nat	ti one l	Arlingtor	1. Va.	
FUNERAL DIRECTO	OR'S SIGNATURE 9/ 10	O (Appens		C'D BY REGISTRAR 25b. R		GNATURE
ביותו דיוויוים	TOWN THE THE	li Wiggongin Are	DATE JA	N 2 '62 C	Irlhung S. 1	Kraus
TOVUL FUNE	RAL DIRECTOR, 222	4 Wisconsin Av	e. Invit A	211 = 02		-

Washington, D.C.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carb be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, we VR A15 (4) 15M 9/60

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Ar direction in

13688 plnods 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, by c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 78 Days filled in Pages 1 Fort Howard hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital pletely 3. NAME OF DECEASED (Type or print) LAWRENCE D. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED [Male White law requires that the death certificate remove evel 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Rocker Construction 13. FATHER'S NAME please Charles H. Spriggs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) ed by the hospital or attending physician. After this certificate has been signed by the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) as the burial-transit p DUE TO Conditions, if eny, which (b) geve risa to immedieta cause DUE TO (a), stating the underlying CERTIFICATION 20a. ACCIDENT WAS UNDERLYING retained by the host CTOR: After this celluld be detached for u OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While et work et work 22a. SIGNATURE albert mo PHYS. 22c. PHYSICIAN'S NAME (Type filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 12/4/61 8728 berty Road VR A15 (4) Randallstown, Md. 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY Maryland IMAT. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Baltimore 7 d STREET ADDRESS a. IS RESIDENCE ON A FARM? 7212 Windsor Mill Road YES NO X DATE DEATH SPRIGGS 1967 December 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthdey) Months February 15,1927 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Stoney Creek, Pennsylvania U. S. A. 14. MOTHER'S MAIDEN NAME Flora E. Hart Clinical Records, VAH, Baftimore 18, Maryland Fort Howard Division ONSET AND DEATH BRONCHOGENIC CARCINOMA WITH METASTASES UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? Bronchopneumonia, right lung. 2. Left pleural effusion. NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) 21. I certify that XII) (this hospital) attended the deceased from September 14 19 61, to December 1. 1961, that AI (we) last saw the deceased alive on December 1 1961, and that death occurred at 35 M, from the causes and on the date stated above. 22b. DATE ATTENDING DIRECTOR PHYS. 22d. ADDRESSVAH. Baltimore 18, Md. Ft. Howard Div. JOHN D. TALBERT, M.D. Acting Chief, Medical Service, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Randallstown, Maryland Mount Oliver Cemetery 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEC 4 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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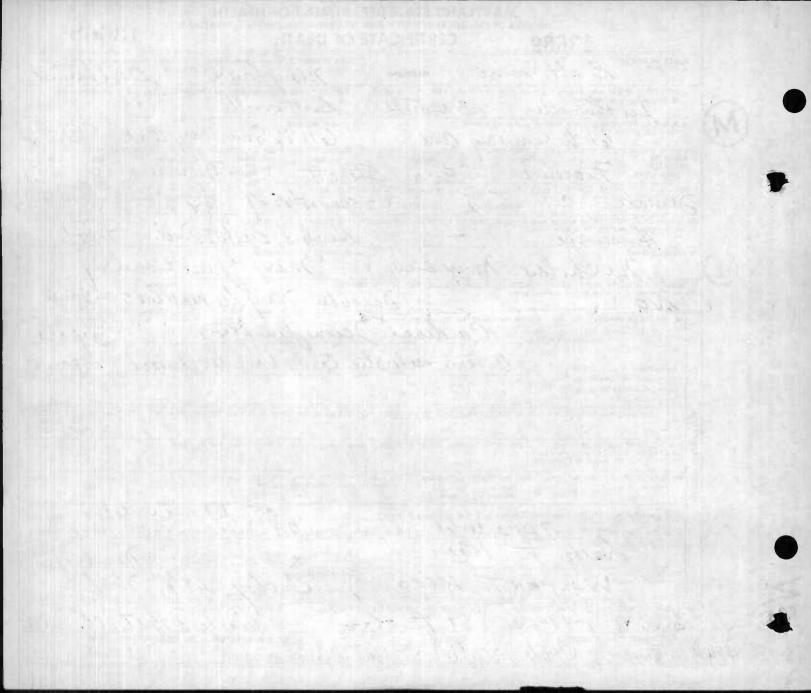
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13689

13668

99	1, PI	LACE OF DEATH COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore				
1		CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Let Hurville 3 munths X Luttervelle				
	d	. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 611 W Servin ary and Coll (I W Servin ary Con Service) OR INSTITUTION 611 W Servin ary and Coll (I W Servin ary Con Service) OR INSTITUTION 611 W Servin ary Con Service ON A FARM? YES NO DE				
	(T	AME OF ECEASED Place Eva Sterett OF DEATH December 8 19 61				
	S. SE	Huale C WIDOWED DIVORCED 1 2.5 august 1869 1869 1869 Nonths Days Hours Min.				
		USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, eyer if retired) Levelore, Baltele. 2016.				
)		nicholas mayers 14. Mother's Mary Jame Cordry				
		NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughtu Mary Lee Matthews - Sume				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				
		Canditions, if any, which gave rise to immediate cause (a), stating the under: DUE TO Carterie Sclerotic Cardie Varcular desiace respects DUE TO DUE TO				
)	z	lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH US (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 29e. m. 19 While at wark at wark at wark 20c. TIME OF INJURY (Hame, farm, 20f. (City or tawn) (County) (Stote) factory, street, affice bldg., etc.)				
		21. I certify that (I) (this hospital) attended the deceased from				
		220. SIGNATURE Walker J. 1 Cees M.D. PHYS. MED. STAFF 8 Documen 1961				
		22c. PHYSICIAN'S NAME (Type) WALTER T. KEES 22d. ADDRESS Cockey Swille, mil.				
	23a.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Survey 14/12/04 St. Like (Cereberd 1716. Co. Mill.)				
M	24. F	Culturan h - 1701 M. Culloh St. Balloud DATE DEC 11 '61 Callon S. Krama				



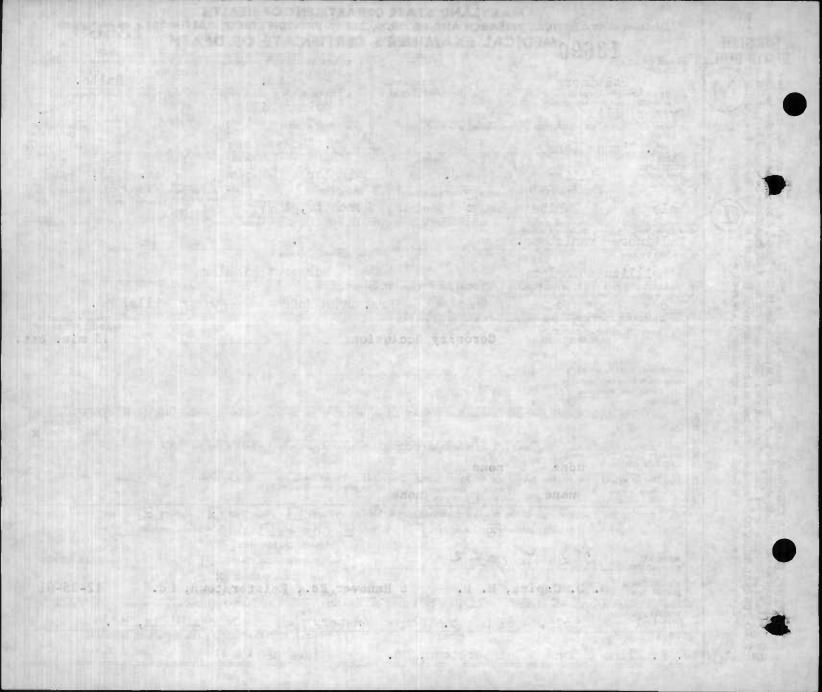
FOR STATE DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after dead any delay is necessary, wasse execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3. The funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARYLAND

1369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12 USUAL RESIDENCE (Where decased lived, if institution, Residence before a

	LACE OF DEATH					2. USUAL RE	SIDENCE (V	Vhare daca			sidence	befora a	dmission)
1		Ltimore		MARYL	AND	e. STATE	Md.		b. COUN	ITY E	Balt	0.	
1 .	city or town (if write RURAL and Owings Mil	outside corporata limi giva nearest town) 15	its,	c. LENGTH OF STAY	' IN 16		ngs Mil		ola limits, write	RURAL and	giva na	arast low	n)
d	. NAME OF HOSPITA	AL OR INSTITUTION (if not in hos	pital, give street eddres	is)	d. STREET A	DDRESS						SIDENCE A FARM?
	St. Thom	as Lane				St. T	homas I	Lane				-	NO X
	NAME OF	First		Middla		Last		DATE	Month		Day	Yeer	
		William		J.		Stingler		DEATH	I	ec.	13,	19	61
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		DATE OF BIRTH		9.	AGE (In yaers lest birthday)	Months D	-	F UNDER	
	Male	White		DIVORCED		March 16	, 1877	1	34 yrs.	Months	eys	Hours	Min.
done	e during most of wor	ON (Giva kind of work king lifa, even if retire Tranist Co	d)	IND OF BUSINESS OR I	NDUSTRY		E (State or for	eign count	ry)	12. CITIZ	EN OF	WHAT C	OUNTRY?
13.	FATHER'S NAME				I	14. MOTHER'S A	AAIDEN NAME						
	William	Stingler			13	Mar	garet W	Jinkle	er				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO	. 17. II	NFORMANT			Address				
(1.62)	NO NO	yas give weror detes of s NO		one	Mrs	. John H	off	Ot	wings M	ills,	Md.		
	18. CAUSE OF DE	EATH [Enlar only ona	cause par l	ina for (a), (b), end (c).	J						INTER	RVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Occlusion									15 min. est			
	42 A. 1 DUE TO												
	Conditions, if eny, which (b)												
	geve rise to immadiate cause (e), stating the undarlying DUE TO												
	causa last.	(c)	27				1000						
NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NO	T RELATED TO TH	E TERMINAL D	ISEASE CO	NDITION GIV	EN IN PART	1(a) 19.		UTOPSY RMED?
15											YE		NO X
CERT	20a. EXTERNAL CAPRIMARY OF CONCAUSE OF DEATH.		Ob. DESCR	IBE HOW INJURY OCC	URED. (E	nter neture of inju	ry in Pert I or i	Pert II of ite	∍m 1B.)				
MEDICAL	20c. TIME OF INJUR Hour e.m.	Month, Day, Ye	While		fecto	CE OF INJURY (Ho ory, street, office b		Of. (City o	r town)	(Coun	ty)		(Slete)
	21. I certify the	at I took charge o	of the rem	nains described abo	ove, hei	d an Autopsy	, Inspi	ection [N. Inquir	у х	and in	n my o	pinion
	death resulted fr	om: Natural ca	uses X	Accident ,	Suici	de 🔲, Hor	nicide .	Unde	termined m	anner			
		200	1	1.		CHIEF M	EDICAL EXAM	INER 🗌					
	ACTUAL SIGNATURE	2.2.9	oap	us		M.D. ASSISTA	NT MEDICAL	EXAMINER			DA	TE SIG	NED
	EXAMINER'S NAME (Type)	D. D. Capl	,		Han	DEPUTY A Rd	MEDICAL EXAM			d.	12	2-15-	-61
	BURIAL, CREMATION REMOVAL (Specify) Burial	Dec 16,		St. Thom			22d.		ngs Mi		d.	(State	•)
	FUNERAL DIRECTOR			ADDRESS			4a. REC'D BY		R 24b. REG			RE	
J	. F. Eline	& Sohs	Reist	erstown, M	d.	D	ATE DEC	1 8 '61	1 0	Irilan S.	tras	W.E.	
4-							W-00-						



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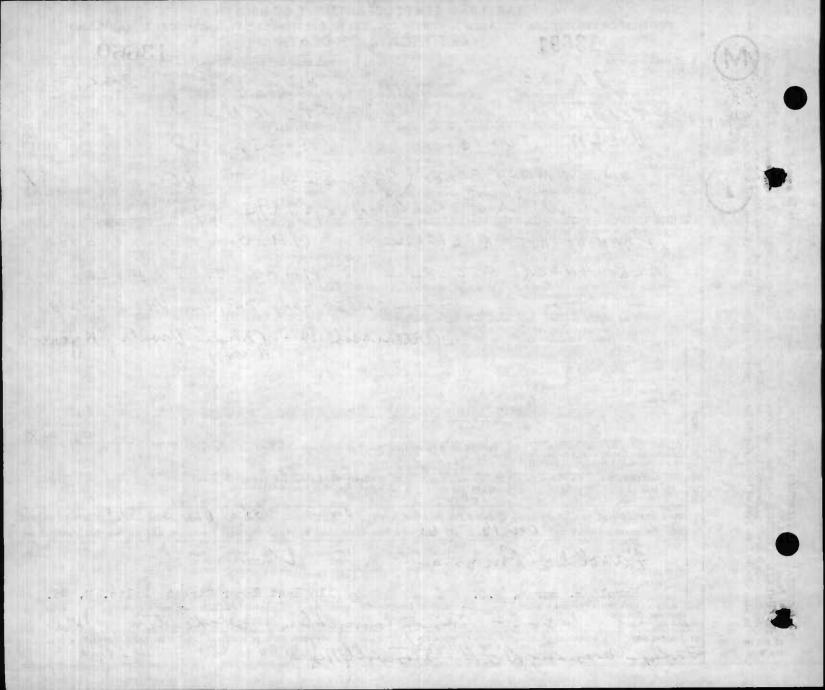
MEDICAL CERTIFICATION

23

24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPA	RTMENT OF HEALTH					
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
13691 CERTIFICATE C	OF DEATH	13660				
	USUAL RESIDENCE (Where decessed lived, if	institution: Residence before edmission)				
BALTO. MARYLAND	e. STATE b. COU	BALTO.				
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) TEVENSON C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, wri	te RURAL end give neerest town)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE				
VILLA JULIE	VALLEY RD.	ON A FARM? YES NO				
NAME OF DECEASED (Type or print) SISTER MARY AGNES (STO	WELL 4. DATE Mont	C 30 19 6-1				
	ATE OF BIRTH 9. AGE (In yeers	I IF UNDER 1 YEAR IF UNDER 24 HRS.				
F WIDOWED DIVORCED N	'OV. 6,1874 8 yrs.	Months Deys Hours Min.				
. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	1. BIRTHPLACE (County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?				
TEACHING-RET. RELIGIOUS	MASS. MOTHER'S MAIDEN NAME	10,214,				
ALEXANDER STOWELL	MARY J. O'	NEILL				
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	ORMANT Addres	is				
s, no, or unkown) (If yes give we rordetes of service)	TER MARY PATRICK-	VILLA JULIE				
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	collisses - Cardio 110	onset and death byears				
+ 10 · 1 DUE TO	arsense					
Conditions, if eny, which (b)						
geve rise to immediate cause (e), stating the underlying DUE TO						
ceuse test. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
		YES NO				
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (En OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ter neture of injury in Pert I or Pert II of item 1B.)					
	OF INJURY (Home, ferm, † 20f. (City or town)	(County) (State)				
	street, office bldg., etc.)					
		3				
saw the deceased alive on. Dev. 19. L., and that de	ath occured atM, from the causes					
Harreld Burns M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED				
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
Harold H. Burns, M.D.	115 East Eager Street	Balto. 2. Ma.				
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	crematory 23d. Location (City, to	ter mf.				
FUNERAL DIRECTOR'S SIGNATURE ADDRESS		EGISTRAR'S SIGNATURE				
when Cavanaus B. 7 H Catawil	CONCEDENTE JAN 4 '62	Tribuy S. Kraus				

VR A15 (4) 15M 9/60



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are after in. Page 4 in the retained by the hospital or attending physician.

ICATUNERAL DIRECTOR: After this certificate has been signed by the attending physician and connected filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any profess, within 72 hours after death.

VR A15 (4) 15M 9/60 9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYANDO 13692 CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where de	b. COUNTY	sidence before admission)
1	Baltimore MARYLAND	a. STATE md	Balta	more
	b. CITY OR OWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Critle RURAL and give nearest town)	c. CITY OR TOWN (If outside corp	prate limits, write RURAL and o	give nearest town)
-	Calinarille	d. STREET ADDRESS	ce	e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	1 CO CO	000	ON A FARM?
	Kildgenry Manor	- 5 cheren	are sed.	YES NO
3	NAME OF First Middle	Last 4. DATE OF	111-	Day Year
	(Type or print) EMMA D. STRA	UB DEATH	Hill. a	196/
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	last birthday) Months Da	
_	7 W WIDOWED X DIVORCED	ang 6, 1873	J yrs.	Hours Min.
	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. MRTHPLACE (County & State, or		EN OF WHAT COUNTRY?
-	DOM. Housewife	Ina.		· s · h ·
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Ernest Doenges		unknow	77
1.	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (75. SOCIAL SECURITY NO. 17. 1) (16s, no, or unkown) (Ifyes give war or dales of service)	NFORMANT	Address	
	MA	2 OMaraner	ite Bore	hers_
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mocardial	compensation	n	1mr.
	443 V DUE TO			
	Conditions, if any, which \ (b) Chr. Hypertensive (andin-Vasculus I	Tracase	1830
	gave rise to immediate cause			
	(a), stating the underlying cause last.	roseleroses		1830.
2		T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	
SE P				PERFORMED?
A CH	208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Part I	of item 18)	TIES LI NO EL
CERTIFICATION		. (carer hardra of migury in ran 1 of ran 1	os nom 10.,	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 20f. (City tory, street, office bldg., etc.)	y or town) (Count	ty) (State)
MED	Hour a.m. While Not While at work at work			
	21. I certify that (I) (this hospital) attended the deceased from.	12-3- 1955 to	12-20- 196	, that (I) (we) last
	saw the deceased alive on 12-20-1961, and that			
	22a. SIGNATURE			22b. DATE
	-w/ 1/4-66-12	ATTENDING MED. PHYS. DIRECTOR	T PHYS.	SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS		12 21 61
	NAME (Type) Wifmer K. Gallager	6209 Frederick	Ave Baltimo	re-28, Md.
2	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	ATION (City, town or county)	(State)
	Burial 12/23/6/ Western	1 35	alto mod	
ź	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		TRAR 256. REGISTRAR'S SI	1
1	1 mu nott + don - 2	DATE DEC 2 6 '6	Cirling S.	Tirans
4				

and the good That I a THE RESIDENCE OF THE PARTY OF T EMER Chaleronie Educate

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	I WILLS I I CAR	MESTAWALI	-	MEGAL	,			-010	я
Towns or the	3693		ERT	IFICA	TE	OF	DE	ATH	1

A OCHNA

arthur & House

10033	OEK!!!!OA!	oi piaiii		10071
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		ence before admission
e. COUNTY	MARYLAND	e. STATE	b. COUNTY	Annal
Baltimore b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and giv	a naarest town)
write RURAL and give neerest town)			Λ D	
Fort Howard	43 Days	Glen Burnie	Od-X	de
d. NAME OF HOSPITAL OR INSTITUTION (if not	In hospilal, giva street address)	d. STREET ADDRESS		e. IS RESIDENCE
Veterans Administration	Hospital	204 Poplar Avenue		YES NO T
NAME OF First DECEASED	Middle	Last 4. DATE OF	Month De	y Yeer
(Type or print)		DEATH TO	cember 2	19 61
SEX 6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED 18		(In yeers IF UNDER 1 YEA	
		2000 /0	birthdey) Months Deys	Hours Min.
TICLE OF THE PROPERTY OF	DOWED TO DIVORCED	May 4, 1892 69	yrs.	OF WILLAT COUNTY
. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County District	OI 12. CITIZEN	OF WHAT COUNTRY
Self employed	Proprieter of	Washington, Columbia	ia U.S	.A.
FATHER'S NAME	restaurant.	14. MOTHER'S MAIDEN NAME		
Harmy Stuart	TO OCHUZ CITTO	Suvilla Cornell		
WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address	
s, no, or unkown) (Ifyesgive werer detes of service	Θ)			2 20.1
Yes W-1		n Rec VAH Baltimore 1		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (e)	PNEUMONIA			7 DAYS
DUE TO	CHRONIC EMPYEMA			
	ARTERIOSCLEROTIC I	TEART DISEASE		OLD
geva risa to immediate cause	TILL TOO ILLIGITIO	mart Diomon		
(a), stating the undartying	DIABETES MELLITUS			OLD
16/		OT RELATED TO THE TERMINAL DISEASE CONDI	TION CIVEN IN PART 1(a)	
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBOTING TO DEATH BOT INC	THE TENTED TO THE TERMINAL DISEASE CONDI	HOLI GIVELI IN PART I(e)	PERFORMED?
				YES NO
	b. DESCRIBE HOW INJURY OCCURED	e. (Enter neture of injury in Pert I or Pert II of iter	n 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Dey, Yeer		CE OF INJURY (Home, farm, † 20f. (City or tow	wn) (County)	(Stata)
Hour a.m.	Whila Not While fee	tory, street, office bldg., etc.)		
p.m. 19	et work at work			
21. I certify that X() (this hospital)	attended the deceased from.	October 20 19.61 to De	c2, 19.6]	, that (X (we) la
saw the deceased live onDec				
22e. SIGNATURE	7			22b. DATE
1 : (F a V ()	Coulculas		AFF YS. [X]	12-2-6
22c. PHYSICIAN'S	- ununa	22d. ADDRESS		16-6-6
NAME (Typa)	lroules M.D.		d -Ft House	Division
Paul G. Kou		VAH, Baltimore 18, M		
a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION	(City, town or county)	(Stete)
Burial 12-5-6	Baltimore Na	tional Baltime	ore Maryl	and
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	256. REGISTRAR'S SIGN	NATURE
Wm.Cook-Blight. Inc.	6009 Harford R Baltimore Md	d DATE DEC 5 '61	arthur 9 st.	
MILL TOOK -DITENO TICE	Dell'OTIOLE 1.10		37	

letely filled in by the funeral pers. Pages 1 and 2 should HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 th. Page 4 the performance of the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confidential director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. 5 VR A15 (4) 15M 9/60

Wm. Cook-Blight, Inc.

branden (M District dates and the relief feet of the design of the contract of the contract of A STATE OF THE PARTY OF THE PAR ardiffer force and ar Sile of STREET STREET Wallington 我子到 was Lake And out Table 数字是自己的 Local State of the state of the

Tail Co. Contact to the second of the second that c. Volumen - 1.1. Tell of the 18, M. - 2 hour lighter

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HOSPITAL OR

VS A15 (4) 15M 10/57

SNOX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	12694		CERTII	FIC/	ATE OF D	EATH			Reg. Dist.	No.1	3672
1. PLACE OF DEATH o. COUNTY	Baltimore		MARY	LAND	2. USUAL RESID	Mary.		lived. If institution b. COUNTY		before ad	
b. CITY OR TOWN (RURAL ond give n Catons V	4 1 9	ls, write	c. LENGTH OF STAY I	IN 1b		OWN (IF or ltime		te limits, write R	JRAL ond giv	e nearest f	own)
OR INSTITUTION	TAL (If not in hospitol, q ROVE STATI		oddress) SPITAL		d. STREET A	DDRESS]	-1-1 1.1	tevens	Aven	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fi Mai		Middle Agnes	3	Sulli		4. DATE OF DEATH	Mon Decei		Doy 26.	Year 1961
5. SEX female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE	_	B. DATE OF BIRTH			. AGE (In years last birthday) 86 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATE during most of wor house	king life, even if retired)		R INDU	**	sa ch	usette			S. A	HAT COUNTR
15. WAS DECEASED EV	WXXXX	OXO.	zgerald	1,, ,	Mary	?	AME				
(Yes. no. or unknown) unknown	(If yes, give war or dates of	ervice)	social security no. Inknown		oras: S	PRING	GROV	Add. E STATI		PITAL	
PART I. DE/ 4/2/2 Conditions, if concerning to the concerning to the concerning lying couse lost.	the under-) A	cute Heart rterioscle:	fai roti roti	ic myocar	vascu	lar di	sease		ONSET A	L BETWEEN ND DEATH
ICATI	AS UNDERLYING CO		CRIBE HOW INJURY OF						EN IN PART	PE	RFORMED?
OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour a.m. p.m.	MEDICAL EXAMINER)	20d. II While of war	Not while	20e. PL	ACE OF INJURY (I	tome, form, bldg., etc.)	20f. (City o	or lown)	(Co	unty)	(Stole)
21. I certify to	all aftended the		ed fram. NOV.	21 death	occurred at	Jua.		the causes a	nd on the	st saw t date st	
ACTUAL SIGNATURE	Sulla	was	lister		M.D. SPRI		ROVE	STATE	HOSPIT	AL 1	2-26-6
PHYSICIAN'S NAME (Type)	Stella Wa	chsle	er, M. D.		Cato	nsvil	le 28,	Maryla	nd		
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	12/29/6		St. Tho		r crematory Cemete		22d. LOCATIO	on (City, town, o	s sach		Stote) ts
23. FUNERAL DIRECTOR HOWard H.	's signature Hubbard	4107	ADDRESS Wilkens	Av	enue		BY REGISTR.		TRAR'S SIGN		

Control of the Contro
with emerical your agreement of corners.

FOR STATE

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DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after deal any delay is ne say, mease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File, pages 1 and 2 with the State Board of Health is designated agent, prior to burial, cremation, or removal, and in any event within 32 hours after death.

10 2 VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13673

1	a. COUNTY			2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. STATE Monural and b. COUNTY Doll+1mone					
)		altimore	MARYLAND	• STATE Maryland b. COUNTY Baltimore					
7	b. CITY OR TOWN (if write RURAL and g	outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corporata limits, writa RU	IRAL and give neerest town)			
	Dundal		8 vrs.	X Dund	a.1k				
1		AL OR INSTITUTION (if not in ho	1 0 0 - 0 0	d. STREET ADDRES		. IS RESIDENCE			
	Res. 192	1 Snyder Ave	nue	1921 Sn	yder Ave. 22.	Md. YES NO XXX			
П	3. NAME OF	First	Middle	Lasi	4. DATE Month	Dey Year			
	(Type or print)	CAROLYN	MAY	THOMAS	De ce	mber 6,19 61			
	S. SEX	6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (In years) IF U	3017			
	-	White widow		ovember 2	2. 1926 35 yrs.	onths Days Hours Min.			
	10a. USUAL OCCUPATIO	ON (Give kind of work 10b.)	KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?			
	done during most of work Bench H		stern Electr	10 Green	nbank West Vir	ginia U.S.A.			
	13. FATHER'S NAME	, carre	POOLIT TITOOUT	14. MOTHER'S MAIDE		PILITE O			
1	Wi	lliam Sheets		Mami	e Wilfong				
3	15 WAS DECEASED EVER	IN ILS ARMED FORCEST LIA	. SOCIAL SECURITY NO. 17. I		Address				
-	(Yes, no, or unkown) (Ify	vas give wer or datas of service) 23	5-38-6132 W1	lliam Tho	mas 1921 Snyde	r Ave. 22, Md.			
		ATH (Enter only one cause per	Igne for (a), (b), end (c).)	1 1	1	INTERVAL BETWEEN ONSET AND DEATH			
		WAS CAUSED BY:	unshot We	rund of	local	Sec			
	1761	DUE TO							
		Conditions, it any, which (b)							
Н	gave risa to immedial (a), stating the und	DIJE TO							
1	causa last.	(c)							
1	PART II. OTHER S	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
	САП					YES NO			
	20a. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 10. EXTERNAL CAUSE WAS PRIMARY OF ORDITION OF PART II OF PA							
	20c. TIME OF INJURY		, ,	CE OF INJURY (Home, fa		(County) (State)			
	Hour a.m.	While two	la Not While tech	or the state of th					
	21. I certify the	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion							
	death resulted fro	om: Natural causes	Accident . Suici	ide Homicid	e, Undetermined mann	ner _			
		6 0000	- 00	CHIEF MEDICA	AL EXAMINER	Inches to the later			
	ACTUAL SIGNATURE	LUCIA	elle	M.D. ASSISTANT M	EDICAL EXAMINER	DATE SIGNED			
	FYXMINED				CAL EXAMINER	17 1-1			
-	NAME (Type) JA	ACK COLLINS,	M.D.		I, city, town, or county)	12-60/			
	22a. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or	country) (Stete			
	Buriál	12-9-1961	Arbovale Cem		Pocahontas Co				
	23. FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRAR 24b. REGISTR				
	Wallace &	Wallace Lewi	sburg, W. Vi	rginia DATE	DEC 13'61 au	Lives & Krauss			

THE REPORT OF THE PARTY OF THE Constant, Libert St. with which of and telegraphy dead standards of District I medical William Sonet A harmond marking .b. .ss . .va u byou real mana r mana aga -ac-aga u se. The state of mathematical ventones stavens 1831-2-1 Infinite Marines & Lallage Lawishors w. Virginia as accided to the

by the funeral and 2 should O HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 min. Page 4 m a retained by the hospital or attending physician.

INCURERAL DIRECTOR: After this certificate has been signed by the attending physician and property filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13696

a. COUNTY	rs.			(Whare dacaasad lived, If institution: Re	esidanca batora admission)						
Baltimore		MARYLAND	Maryland	b. COUNTY							
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outsida corporala limits, writa RURAL and	giva nearest town)						
Fort How	ard	82 Days	Baltimore	16 3VU	1-4						
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE						
Votenena	Administratio	w Wosnitel	2227 (42200	a Tolla Dowlesses	YES NO						
3. NAME OF	First	Middla		IS Falls Parkway	Day Yaar						
(Type or print)				OF DEATH	10.4						
	LEROY	N.	PHOMAS	December	6 1961						
5. SEX	o. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	TEAR IF UNDER 24 HRS.						
Male	Negro WID	OWED DIVORCED	December 7,19		Tiodis Main.						
10a. USUAL OCCUPAT		Ob. KIND OF BUSINESS OR INDUSTR			LEN OF WHAT COUNTRY?						
Longshor	eman	Shipping	Baltimore,	Maryland U.	S. A.						
James A.	Thomas		Mamie Johns	son							
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. CLI			Wannal and						
	If yas give war or datas of servical	220 OF 5630 FO	RT HOWARD DIVI	STON BELTIMORE 10,	Maryland						
Yes	DEATH [Enter only one cause		IT HOWERD DIA	DION	I INTERVAL BETWEEN						
	ILLIAN CALLETO DV		TT TTTTT 1000100	1 0 0 0	ONSET AND DEATH						
	IMMEDIATE CAUSE (e) CARCINOMA OF STOMACH WITH METASTASES UNKNOWN										
151X	$151\times$ XXXXX										
	Conditions, if eny, which \ (b) PERITONITIS DUE TO (a) UNKNO										
gave rise to Immad	iata causa										
causa last.	(e), stelling the underlying										
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY						
2	K SIGINITEANY CONDITIONS		T KEENTED TO THE TERMINA	DISCUSE GOLDING!	PERFORMED?						
3					YES X NO						
OR CONTRIBUTING	20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
ZOc. TIME OF INJU			CE OF INJURY (Homa, farm, ory, streat, offica bldg., atc.)	20f. (City or town) (Coun	ty) (State)						
	that XI) (this hospital)	attended the deceased from	September 1519	61, 10 December 6, 161	L. that (X (we) las						
	sed alive on Decemb	etU19.U.L, and that	dearn occured at. P	.M, from the causes and on th	22b. DATE						
22a. SIGNATURE	elotur A	uno us "	ATTENDING MEE	STAFF ECTOR PHYS.	12/7/61						
22c. PHYSICIAN'S	ASTAN RUSSO,		22d. ADDRESS	18 MD FT HOWARD D	TVision						
	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or county)							
REMOVAL (Spacify Burial	12-11-6	Baltimore Nat	tional Cemeter	ry Baltimore	28, Maryland						
24 FUNERAL DIRECTO		ADDRESS	O.F	BY REGISTRAR 25b. REGISTRAR'S S							
Elroy 0.	Wilson 1000 B	cantley Ave., Bal	to. 17, Mante Di	C 13 '61 arthur &							

13674

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(6) 0. 70. 2000000000

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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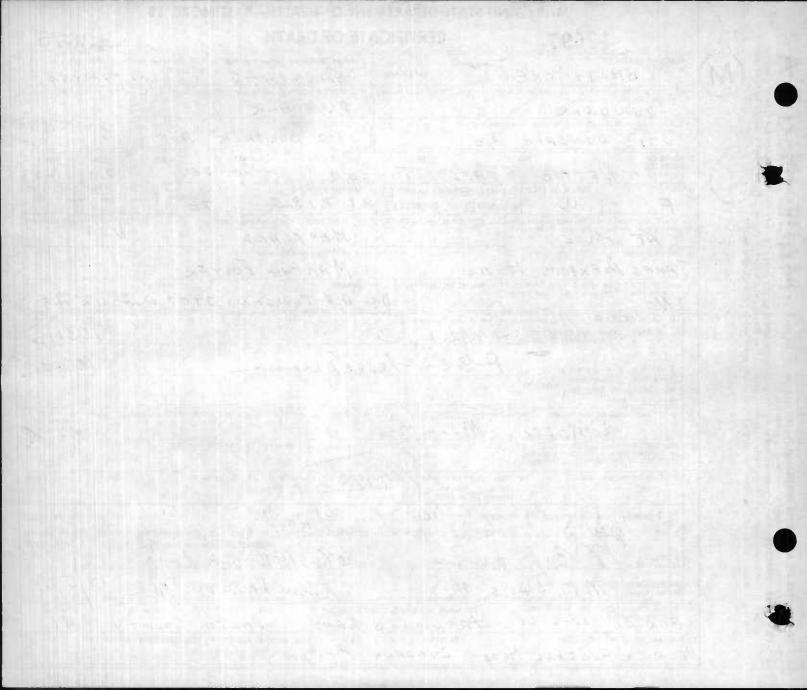
CERTIFICATE OF DEATH

Reg. Dist. 103675

Ν.	20031	Reg. Dist.	Noo								
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE									
	O. COUNTY BALTIMORE MARYLAI	MARYLAND BALTIMORE									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		re nearest town)								
	DUNDALK	XDUNDALK									
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?								
	2913 DUNDALK AUE.	2913 DUNDALK AUE.	YES NO B								
	3. NAME OF First Middle	Day Yeor									
		03070	3 1961								
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	OCT. 7 / RRE lost birthdoy) Months D	YEAR IF UNDER 24 HRS. Poys Hours Min.								
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR II		ELL OF WHAT COUNTRY								
	during most of working life, even if retired)	44	EN OF WHAT COUNTRY?								
	13. FATHER'S NAME	MARYLAND 14. MOTHER'S MAIDEN NAME									
	JAMES ALEXIOUS HOVIS	11									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MARTHA FOSTER INFORMANT Address									
	(Yes no or unknown) . If we give your or dates of service)	DR. D.H. TOWSON 2907 DUND	DIE AVE								
	18. CAUSE OF DEATH [Enter only one couse per I/ne for (o), (b), and (c).]		INTERVAL BETWEEN								
	PART I. DEATH WAS CAUSED BY:		ONSETAND DEATH								
	IMMEDIATE CAUSE (o)		1.3								
	Conditions, if ony, which) (b) 7-5-C-V-1	10un									
	gove rise to immediate DUE TO		1 2								
	lying couse lost. (c)	couse (o), storing the under-									
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(0) 19. WAS AUTOPSY PERFORMED?								
	3 PIABLES MELLITUS	A	YES NO								
	I ≅ I OR CONTRIBUTING □ CAUSE OF DEATH I	URRED. (Enter noture of injury in Port I or Port II of item 1B.)	1								
		And and de Courses									
	Hour o. m. While Not while	PLACE OF INJURY (Home, form, 20f. (City or town) (Co	unty) (Stote)								
	p. m. 19 of work of ot work										
	21. I certify that I attended the deceased from 101.	196/, to 120, 3, 196/, that I last	saw the deceased								
	alive an 1961, and that de	eath accurred at 2 P.M., from the causes and an the a	date stated above. DATE SIGNED								
	ACTUAL ACTUAL	un 6800 Manusk for	A STORES								
	SIGNATURE	M.D. CODINITIONS									
	PHYSICIAN'S M.B. DAVIS M.T	Dundair-17- Mil	(4/5/61								
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER		(Stote)								
	BURIAL 1266 PARKWOO		Mo.								
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1/4 BIGHT FUNERAL HOME DUNDA.	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	1-								
	IVLLRICH FUNERA, NORE DUNDA.	LK MP. DATE DEG 8 61 CATEUR &	Tirall?								

Page 4 in by the funeral directar, and 2 should be filed with DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after d Poges D FOXERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death. PITAL OR A

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funeral the day ģ .= filled exe within 00 death certificate be physician and гето please aftending The law requires that the removal, ms retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the permit. burial, cremation, detached for use as the burial-transit prior of Health

5. SEX

male

13. FATHER'S NAME

no

UNERAL lirector, page VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH &. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1 write RURAL and give neerest town) Elkridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Levering Avenue NAME OF First Middle DECEASED (Type or print) John Sidney

WIDOWED

7. MARRIED X NEVER MARRIED

10b. KIND OF BUSINESS OR INDU

16. SOCIAL SECURITY NO. 1 17

DIVORCED

6. COLOR OR RACE

10a. USUAL OCCUPATION (Give kind of work

John H.

Conditions, if eny, which geve risa to immadiete ceuse

(a), stating the undarlying

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unkown) | (If yes give wer or detes of service)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

White

done during most of working life, even if retired)
Baltimore Water Dept.-Retired

Travers

18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]

DUE TO

DUE TO

(c)

	الثانية الأث			12676
2.	USUAL RESID	ENCE (Where	laceesad lived, If institut	ion: Residence before admission
	a STATE	Id.	b. COUNTY	Baltimore
	4		porata limits, writa RURA	L and give nearest town)
-	1771m	Ama		

	a. STATE Md		b. COUNT		alt:	imor	е
5	c. CITY OR TOWN (f outside corporata	limits, writa				
	X Elkrid	ge					
	d. STREET ADDRESS						SIDENCE A FARM?
	1700 L	evering	Aveni	10		YES T	NO X
-	Last	4. DATE	Month		Dey	Yeer	-
F	Travers	OF DEATH	Dec.	24.		195	1
В	. DATE OF BIRTH		4 - 11 1- 1 -	F UNDER 1		IF UNDER	
	Nov.2,1888	73	yrs.		Deys	Hours	Min.
TR	Y 11. BIRTHPLACE (Coun	ty & Stele, or foreig	n country)	12. CIT	IZEN OF	WHAT C	OUNTRY
	Maryland		-	U.	S.	A	
	14. MOTHER'S MAIDEN		30,70				
	Catherin	ne J. Sh	eet				
. I	NFORMANT		Address				
40	da V. Trave	ers. 170	O Lev	rerin	ng I	Aven	ue
	~	1		7	INTE	RVAL BET	WEEN
<	ary /	hrm	nolo	034	ONS	9	Cole 1
,	/					0	1
1	40 Ca	redi	tes		1 3	3 1	no
/	2000		,	1	0	1	5-4
_	raca	rles	10%	et.	12	921	5/1
NC	T RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVE	N IN PART	1(a) 19	WAS A	
					Y	P	NO I
RED	. (Entar nature of injury in	Part I or Part II of its	am 18.)				
	CE OF INJURY (Home, fern ory, street, office bldg., etc		own)	(Cou	nty)		(Stata)

CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPS PERFORMED YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED Not While Not While et work at work at work 19	(Stata)
	21. I certify that (I) (this hospital) attended the deceased from Date 17., 1961, to 241% saw the deceased alive on 2 24.1%, and that death occurred at 3.6.M, from the causes and on the courses are considered to the course of	that (I) (wa) date stated abo
	22e. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DAT SIG
	22c. PHYSICIAN'S NAME (Type) DOWNER B ROWN DAVIS M. D. 22d. ADDRESS NAME (Type)	105 75 m

REMOVAL (Specify) 12/27/6 24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery Baltimore, Maryland 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

Howard H. Hubbard 4107 Wilkens Avenue

DATE DEC 2 9 '61

Cather & Krous

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(Stete)

86271 aminit 1700 Tourning Avenue John H. Travers TRUE IS I would not seen the seen of a seen of the see

Bed Leone 1700 Leverine Avenue Mc. Mi. Nev. 2,1588 H. H. B. (5) Callednest. Sheet era ... era (e. 1.) even ne even A CENTY WAS TO SEE The state of the s The state of the s

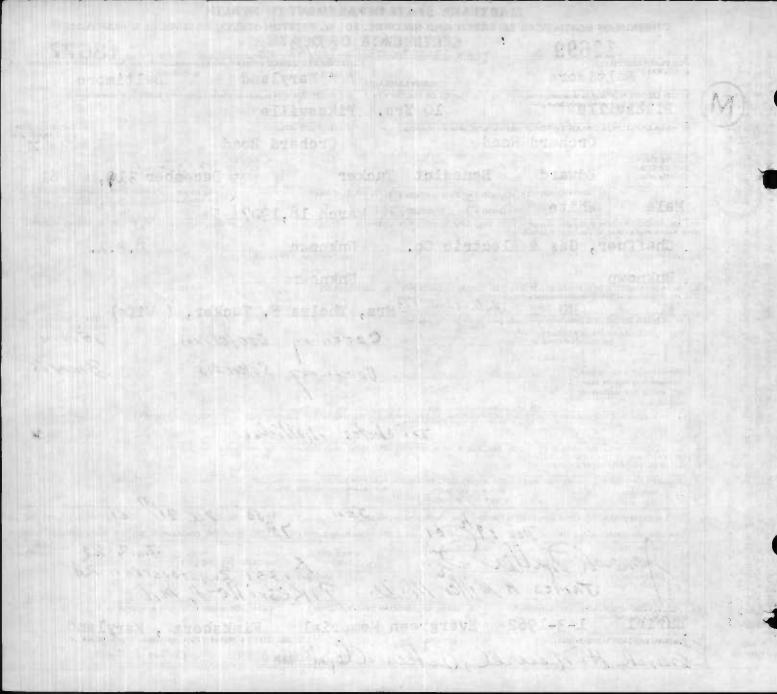
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MADVIAND STATE DEDADTMENT OF HEALTH

MARILAND SIAIL DEFARIMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13699	CERTIFICATION OF	BOE J B/62	mh	10	1677
1. PLACE OF DEAT	altimore	MARYLAND	2. USUAL RESIDEN	CE (Where deceased lived, If b. COU	institution, Resident	re bafore edmission
b. CITY OR TOWN	(if outside corporate limits, ndesire nearest town)	c. LENGTH OF STAY IN 16	ZPikesvil	If outside corporate limits, wri	e RURAL end giva	naarast town)
d. NAME OF HOS	Orchard Road		d. STREET ADDRESS Orchar	d Road		a. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)			cker	of DEATH Decem	-6-	Year 19 61
5. SEX Male	6. COLOR OR RACE 7. MARRIE WIDOWE		March 18.	9. AGE (In years last birthday) 54 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
dona during most of v	ATION (Giva kind of work working life, evan if ratired)	etric Co.	Unknown	nty & Stata, or foraign country	U.S.A	F WHAT COUNTRY
Unknow 15. WAS DECEASED E		SOCIAL SECURITY NO. 17. 1	Unknown	Addres E. Tucker.		
	DEATH [Enter only one cause par TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), end (c).]	oronam	Ben huian	INI	ERVAL BETWEEN ISET AND DEATH
Conditions, if ar gava rise to imme (e), sleting that cause last.	diata cause	-	Cornary	Solenzis	0	3molls
20a. ACCIDENT	ER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	ctes Molli	Luc.		9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF IN. Hour e.m.	. While	Not Whila fact	CE OF INJURY (Home, farr ory, streat, offica bldg., etc		(County)	(Stata)
saw the decea	that (I) (this hospital) attendated alive on			19 13 to ZCC3		ate stated above
22e. SIGNATURE	call maller) M		MED. STAFF DIRECTOR PHYS.	Jan. 2, 19	22b. DATE SIGNED
NAME (Typ		1//CV MID 23c. NAME OF CEMETERY	PIKE	SVI) C-P	rd.	(Stata)
BUT 121	1-3-1962		Memorial	Finksberg	Maryl	and
Frank	H. news	O These	elle Selbate Al	0 100	wing S. Than	

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etely filled in by papers. Pages 1 72 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Page 4 the Se retained by the hospital or attending physician.

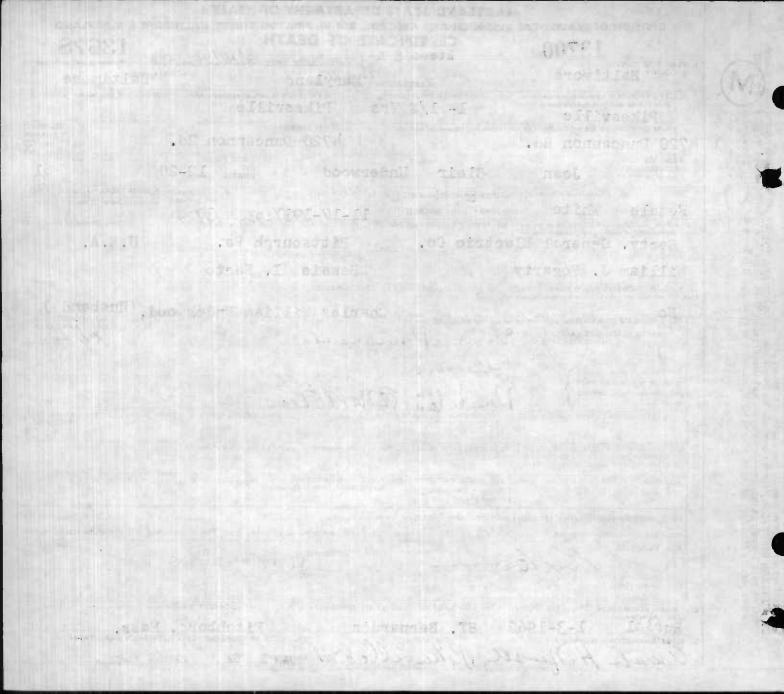
*UNERAL DIRECTOR: After this certificate has been signed by the attending physician and of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pose filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within COSPITAL h. Page 4 m

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	13700	Items 8 &	O Film CZO	5 1/10/62 ···	13678
I. PLACE OF DEATH	н	A VENIS O &	1 2. USUAL RESIDE	NCE (Where deceased lived, II	nsitution: Residence before admission)
. COUNTY Bal	timore	MARYLAND	Maryland	b. COUN	W Baltimore
write RURAL end	if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16 1- 1/2 Yrs	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give neerest town)
		ot in hospital, give street address)	d. STREET ADDRES	S	e. IS RESIDENCE ON A FARM?
4720 Dune	annon Rd.		4720 D	uncannon Rd.	YES NO
3. NAME OF DECEASED (Type or print)	Joan	Clair Und	erwood	4. DATE Month	
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
Female		VIDOWED DIVORCED	11-17-1/93	V1032 3925.	Months Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Secty.	General El	ectric Co.	Pittsbu		U.S.A.
13. FATHER'S NAME	J. Fogarty		14. MOTHER'S MAIDER	I. Facto	
	ER IN U.S. ARMED FORCES		INFORMANT	Address	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which liete cause underlying DUE TO	Visal Pres Hyllerya Dick to 8	merles Wil	liam Underwoo	INTERVAL BETWEEN ONSET AND DEATH
	R SIGNIFICANT CONDITIO				EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury i	n Part I or Part II of item 1B.)	
ZOc. TIME OF INJU Hour e.m. p.m.	JRY Month, Dey, Year		ACE OF INJURY (Home, fa ctory, street, office bldg., e		(County) (State)
					, 19, that (I) (we) las and on the date stated above
22a. SIGNATURE	· Man lo	w I	ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type			22d. ADDRESS		
REMOVAL (Specify				23d. LOCATION (City, tov	24-
Burlal 24 FUNERAL DIRECTOR	1-3-196	2 ST. Bernard		EC'D BY REGISTRAR 256, REC	MASS. GISTRAR'S SIGNATURE
Frenchi	H. news	le Pikervel	Co Seed DATES		Luc 9 K



	MARYLAND STATE DEPARTMENT OF HEA	ALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STR. CERTIFICATE OF DEATH	eet, baltimore 1, maryland 13679
22002	CERTIFICATE OF DEATH	10010

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission)								
a. COUNTY	a. STATE b. COUNTY								
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	Maryland Baltimore c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)								
write RURAL end give neerest town)	X 0 2017.7								
Owings Mills 27 years	Owings Mills								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?								
Walk Avenue	Walk Avenue YES NO K								
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF								
(Type or print) Elizabeth	Walk Dec. 31, 1961								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.								
Female White WIDOWED DIVORCED	Jan.10, 1888 73 yrs. Months Deys Hours Min.								
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
done during most of working life, even if retired)	Austria U.S.A.								
Housewife	14. MOTHER'S MAIDEN NAME								
John Noll	Anna Schrobel								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give wer or detes of service)	INFORMANT Address								
	r. John Walk 6 Byway, Owings Mills, Md.								
1B. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b), end (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
IMMEDIATE CAUSE (0) COCONALLY I AV	IMMEDIATE CAUSE (0) COCONARY MINOROSIS MOULE Illemedia								
DUE TO A	DUE TO A L. T. A								
Conditions, if eny, which \ (b) Concertion A	Conditions, if ony, which) (b) Consenting Heart Maller - Chronic Ward								
geve rise to immediate causa									
(a), stating the underlying									
causa last. (c)	The second secon								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
[8]	YES NO 🔀								
	ED. (Enter neture of injury in Pert I or Part II of itam 18.)								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele)								
Hour a.m. While Not While	actory, street, office bldg., etc.)								
p.m. 19 ar work ar work	A 1 SI A 100 CI								
21. I certify that (I) (this hyppital) attended the deceased from	1954, to December 3, 1961, that (1) (we) last								
saw the deceased alive on Necamber 3 1966, and the	at death orgured at								
220 SIGNATURE A MAGE	22b. DATE								
(Wass & 11/2),00	M.D. ATTENDING MED. STAFF PHYS. December 3/ 1961								
22c. PHYSICIAN'S	22d. ADDRESS								
NAME (Type)	Walk to the total								
Clarence E. McWilliams M.B.	11909 Resterdance 4 Misterston 1 paylan								
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (Pity, town or county) (State)								
Burial Jan.3,1962 Holy Cros	s Cemetery Baltimore, Maryland								
24 FUNERAL DIRECTOR'S SIGNATURE A A ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
000	11s, Md DATE JAN 2 '62 arthur 8, Krous								

stely filled in by the funeral pers. Pages 1 and 2 should 72 hours after death. PASPITAL CONTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 page 4 m. a retained by the hospital or attending physician.

CONTENDING THE ALL DIRECTOR: After this certificate has been signed by the attending physician and content in the filed in burietor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and in any event, within 72 hours after the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filed with the State Dept.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. Af institution, Residence before definise PLACE OF DEATH a. COUNTY ELLE COUNTY Q. STATE MARYLAND b. CITY ONTOWN III outside corporate bindes c. CITY OR TOWN (If autside corporate limits will RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF OR INSTITUTION (If sof In hospital, and street address) . IS RESIDENCE d. STREED ADDRESS ON A FARM YES NO NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED DIVORCED T G yrs. 0 m USUAL OCCUPATION (Give kind of work done 106)
ufing most for working life yeven by retired) KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (State of foreign county OF WHAT COUNTRY? 12. CITIZEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET ANDADEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise ta immediate couse DUE TO (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED2 NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form 20f. (City or town) while factory, street, office bldg., etc.) (County) (Stote) Not while q. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry , and find that to the Left. Accident , Suiside , Homicide , deoth resulted from: Notural couses No Undetermined couse ACTUAL DATE SIGNS CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthur S. Marie DATE EG 6 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. A15ME(5)

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TO MOSPITAL OR A NOING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after page 4 hospital ar otherding physician. TO MOSPITAL OR A hospital ar otherding physician. TO MOSPITAL DIRECTOR: After this certificate hos been signed by the attending physician and completely ed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld be filed with the registror priar to burial, cremation, or removal, and in any event within 72 hours often eact.

VS A15 (4) ,15M 9/5B

ARYLAND	STATE D	EPARTMENT	OF HEALTH-	BALTIMORE,	18
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202	CERTIFICATE	OF	DEATH
703	CERTIFICATE	Oi	DEAII

Reg. Dist N3.681

1. PLACE OF DEATH a. COUNTY					USUAL RESID	DENCE (Who	ere decease	d lived. If instituti	on: Resider	nce befo	re admissio	n)
	Baltimore		MARY	LAND	0. 017112	M	d.	b. COUNTY	Ba	ltin	nore	
b. CITY OR TOWN (I RURAL and give ne	f outside corporate limit earest tawn)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR T	rown (If ou	utside corpo	orate limits, write R	URAL and	give nec	arest town)	
Randalls d. NAME OF HOSPIT OR INSTITUTION	town AL (If not in hospital, gi	ve street a	ddress)		Randa d. STREET A		wn				e. IS RESID	ENCE ARM?
	th Chapman	Roa	ad		3604	North	Cha	pman Ro	ad		YES 🗌	
3. NAME OF DECEASED	Firs		Middle		Los	t	4. DATE OF	Mor		Do	'	eor
(Type or print)	<u>Ida Rosilia</u>						DEATH	Dec. De			19	
5. SEX	6. COLOR OR RACE				ATE OF BIRTH			9. AGE (In years last birthday)	Months	Days	IF UNDER	Min.
Female	AATITE	WIDOWED			pril 3,			49 yrs.				
10a. USUAL OCCUPATION during most of work	ON (Give kind of work ding life, even if retired)	ane 10b. K	CIND OF BUSINESS O	R INDUSTRY	11. BIRTHPL	ACE (State of	or foreign c	ountry)	12. CIT	IZENOI	F WHAT CO	UNTRY
Hairdresse	-				Mar	yland			1	U.S	.A.	
13. FATHER'S NAME		1200	14000	14	. MOTHER'S	_						
Howard	Worthingto	n Vo	una		Rosil	ia Ta	יין יין					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16. S	OCIAL SECURITY NO	INFO	RMANT	La La		Add	ress			
(Yes, no, or unknown)	(If yes, give war ar dates of se	vice)		_		***	2/0				-	.1
No			3-18-3688	- D CWALL	es M.	War	e 360	4 North	Chap	mar	1 Roa	<u>a</u>
	TH [Enter only one cau TH WAS CAUSED BY:	se per line	for (a), (b), and (c).	1	ne a	-1		· lala	- f	ONS	ERVAL BETY	DEATH
420.1	IMMEDIATE CAUSE (a)		Comie	100	0-0-1	- one		Congra	101		7 0-1	
1	DUE TO			V								
Conditions, if an												
cause (a), stating												
lying cause last.) (c)											
PART II. OTH	IER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS AL	JTOPSY
İ											PERFORI	
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (E	nter nature at	f injury in P	Part I or Par	t II of item 18.)				
		Tag. 1		DO: BLAGE	OF INTUINING I		Loof cat					
20c. TIME OF INJUR' Hour a. m. p. m.	Y Month, Day, Yea	While at work	Not while at work		OF INJURY (I street, office			y or town)	_ (County)		(State
21 I cortify th	ot I oftended the	decenso	d from	l'a	. 19/-/	. to	Nes.	26 10/1	that Lie	act co.	v the de	cocce
1	of Foriended the	deceose	1 1/			130		- 1				
olive on		, 19 -	$\frac{1}{2}$, and that	deoth oc	curred at_	, .		the couses on		e dote		SIGNE
ACTUAL	1000	11.				01	MDDKE22 (2	treet, city or town,	state)	1) / DATE	SIGNE
SIGNATURE	1-151	XC	n 1	M.D.		06	41	1-160	1-1-15		0,	9/4
PHYSICIAN'S NAME (Type)	Mi	6-11	1 .						1/) xn	-1//3/	Kin
22a. BURIAL, CREMATIO	N, 22b. DATE THEREO		22c. NAME OF CEMI	FTERY OR CP	EMATORY		22d. LOCA	TION (City, town,	or county)		(State)	
REMOVAL (Specify)	Dec. 29.	1961	Mount Ol					lallstown		ryla		
Burial 23. PHINERAL DIRECTOR'	C SICHAPHAPE	1701	TATOUTTE CA	1000	JIII C.C.		BY REGIS		STRAR'S SI	- 1		
buch	TOUR C	LIL		1	(E . E						9 .	
Ellsworth A	Armacost 4	600]	Liberty He	eights	Ave.	DATE D	Ch &	'61	- 1-41	8 He	II.A	

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECO W. PRESTON STREET, BALTIMORE 1. MARYLAND Film 030/12. TSTAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEAT e. COUNTY e. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) FORT HOWATE neerest town) Baltimore 271 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A Veterans Administration Hospital 1713 De Sota Road 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 196] .TOHN WATSON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) Months Days Hours Male White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sewing Machine Operator Men's Tailor Factory U.S.A. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Watson Nellie Victor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records gress VA Hospital (Yes, no, or unkown) | (If yes give wer or detes of service) Baltimore, Maryland-FORT HOWARD DIVISION Yes WW-11 216-09-6543 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF HYPOPHARYNX WITH METASTASIS TO LINGS IMMEDIATE CAUSE (e) AND LYMPH NODES 14 months (b) geve rise to immediate cause DUE TO

(e), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

| 20e. PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m.

et work et work p.m. 21. I certify that (4) (this hospital) attended the deceased from March 2] 101, that (we) last saw the deceased alive on Dec.

12/18/ DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS.

Chief 22d. ADDRESS PHYSICIAN'S NAME (Type)

TALBERT, M.D. Med. Serwah Baltimore, Md - Fort Howard Division 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY

REMOVAL (Specify) Baltimore National Cemetery Baltimore Maryland Dec. Burial

24 FUNERAL DIRECTOR'S SIGNATURE KACHAUSKAS FUNERAL HOME 637 Washington Blvd Baltimore, Md.

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(State)

pou and Car physician ежоше? 9 any please affending signed by the attending physician. cremation, burial-transit has been the ō certificate hospital 35 use After this detached þ DIRECTOR:

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April 18 Stranger Block British Blv.

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and peterly filled in by the funeral earbon papers. Pages 1 and 2 should it, within 72 hours after death. after executed within 24 50 TO HOSPITAL O TIENDING PHYSICIAN: The law requires that the death certificate be the page 4 m. retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any/event, with VR A15 (4) 15M 9/60

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			RESEA	RCH AND RECOR		OF DEATH		BALTIMO	RE 1, MA	RYLAND	3
_		3705		CERTIFICA		OI DEATH				300)
	PLACE OF DEATH				2	. USUAL RESIDEN	CE (Where de			idence befor	e admission
	Baltime			MARYLAN	D	a. STATE Mary	yland	b. COUN	TY		
	b. CITY OR TOWN (if write RURAL and	outside corporete limits giva neerest town)	5,	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If outside corpo	orate limits, write	RURAL end s	ive neerest	own)
	Fort Ho			14 days		Balt	timore		3 VO	1-4	
	d. NAME OF HOSPITA	AL OR INSTITUTION (if	not in hos	pital, give street address)		d. STREET ADDRESS			Mark to		RESIDENCE N A FARM?
	Veteran	s Administr	ratio	Hospital		218	N. Luz	erne Sti	reet	YES	
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Dey Y	eer
	(Type or print)	ADAN		J.		WEBER	OF DEATH	DECEM	BER	22 1	9 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. E	ATE OF BIRTH	9.	AGE (In years		AR IF UND	ER 24 HRS.
	Male	White	WIDOWE		A	pril 29, 18	891	70 yrs.	Months De	ys Hours	Mln.
100	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	10b. K	IND OF BUSINESS OR INDI				loreign country)	12. CITIZI	N OF WHA	COUNTRY?
u	Carpenter		Cor	nstruction		Baltimore,	Maryl	and	U.S	.A.	
13.	FATHER'S NAME				14	MOTHER'S MAIDEN					- 15
15	Joseph 1	Weber				Agnes Ko	ozlowsk	i			
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. IN	TORMAN Clinic			Hospit	al Ba	ltimore
	Yes	Verdine Malor deles of se	rvice)			yland, Fort					
		EATH [Enter only one	ceuse per l	ine for (e), (b), and (c).]	1 3013	,	12011012			INTERVAL	
		WAS CAUSED BY:	Marin	ASTATIC ADEN	OC AD	CTNOMA OF I	DAMCDICA	e		ONSET AN	
	1	DUE TO	F215 1.	MILLO MILLO	TURE	OTHORN OF	LANOLLINA			UIIK	nown_
	Conditions, if any,										
	gava rise to immedie										
-	(a), stating the un	derlying DUE TO							- 190		
	ceuse last.) (c)_									
NO.	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BU	TNOTE	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1		FORMED?
CAT										YES X	NO [
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	URED. (E	ntar neture of injury in	Part I or Part II	of itam 18.)			
		MEDICAL EXAMINER									
3	20c. TIME OF INJUR	Month, Day, Yee			PLACE	OF INJURY (Homa, fern, street, office bldg., etc.	m, 2Df. (City	or town)	(Count	y)	(Stete)
MEDICAL	Hour a.m.	19	While et wor		lactory	, sireer, office brug., erc	'''				
	21. I certify th	at M (this hospital	al) atten	ded the deceased from	om	Dec. 8	19.61 to.	Dec. 2	2 19 <i>E</i>	1) that O	(we) last
				19.61, and			A - 25	the causes			
	220. SIGNATURE	1 1	1 1	m	P	ATTENDING	MED.	STAFF		2	2b. DATE
	2	90	1	m	M.D.	PHYS.	DIRECTOR X	PHYS.		12	/23/61
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
		ERNEST O. 1	BROWN	, M.D.		VAH Balto	18, Md	Fort	Howard	Divis	ion
23	BURIAL, CREMATIC	ON, 236. DATE THER	EOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOC/	ATION (City, to	vn or county)		(Stata)
B	REMOVAL (Specify)	12/26/61		Holy Rosary	Cem	et.emr	German	Hill R	d. Balt	to. Md	
_	FUNERAL DIRECTOR			ADDRESS		25e. REG	C'D 8Y REGIST		SISTRAR'S SIG		
7.5				6009 Harfor Baltimore,		oad	2 7 '61	1000	- 1 8 1 Tr		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

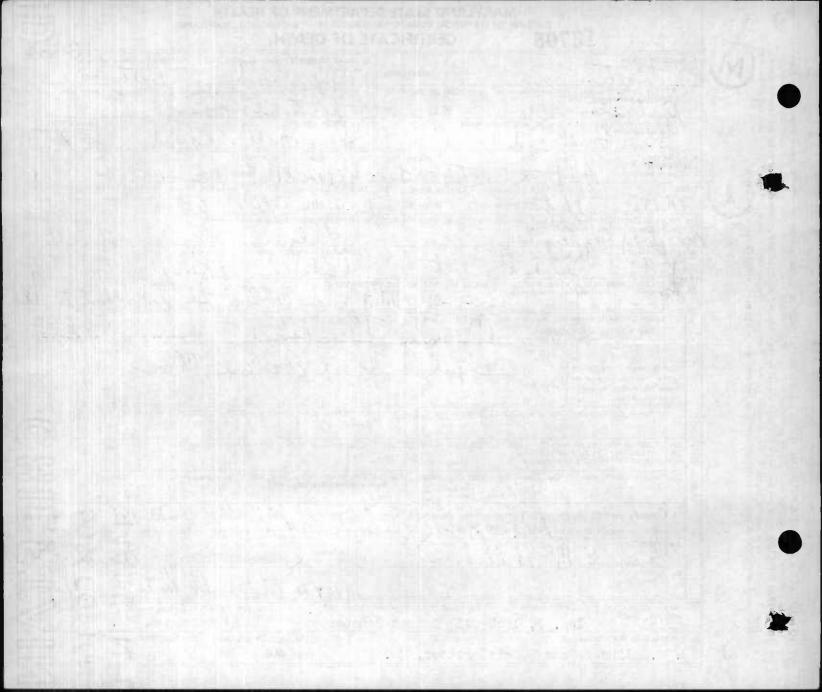
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L	10100 CERTIFICATE OF DEATH
1.	PLACE OF DEATH a. COUNTY Dallerrore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) b. COUNTY Dallerrore Dallerrore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	d. NAME OF HOSPITALIF not in haspital, give, street address) (H. STREET ADDRESS, ON A FARM?, YES' NO
3.	NAME OF DECEASED (Type or print) AIDERT THEODORE WELVAERT DEATH DECEMBER 30 1961
SC	SEX SEX OF COLOR OF RACE NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED NEVER MARRIED S. DATE OF BIRTH Widowed Divorced Never Married S. AGE (In years lost, birthday) Months Days Haurs Min.
10	De USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIACE (Slope or foreign country) 12. CITIZEN OF WHAT COUNTRY? A Country A Cou
	Occlean Joseph Welvaert Ceiline Reis
15 (Y	is wis DECEASED EVER IN U. S ARMOD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, orly wor or dollar of service) 152-16-8980 Whs. Fra Welvaert Hen Falls of heroterstam. Me
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] RAPT J. DEATH WAS CAUSED BY
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Wondows
	Canditions, if any, which) (b) Congestive Heart Failure - Chroma years)
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SET
L CERTIFI	
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED Mile Not while at work at work at work
	21. I certify that (I) (this haspital) attended the deceased fram Autrice. 1961, talkelinks 30, 1961, that (I) (we) last saw the deceased alive an Aucriculus 271961 and that death accurred at 1961, from the causes and an the date stated above.
	220 SGNATURE & MC Williams M.D. ATTENDING MED. STAFF Director Phys. December 30 196
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 1995 Keisteratown Pl Keisteratown Keylen
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown, or county) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)
-	Burial Ian. 2, 1962 All Saints Cemetery Reisterstown, Md.
24	I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Despitat OR A DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter of Page 4 has been director, be retained by hospital or attending physician.

See retained by hospital or attending physician.

See After this certificate has been signed by the ottending physician and completely, ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours, after death. 10 VR A1S (4) 1SM 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

н				1:	36	QE
(Where	deceased	lived.	If institution:			

o. COUNTY Balto	MARYLAND	2. USUAL RESIDENCE (Where de d. STATE Maryla:	b. COUNTY D 7 1	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) English Counsel	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 420 Walnut		d. STREET ADDRESS 4.120 Walnut Rd. o. IS RESIDENCE ON A FARM? YES \(\sigma \) NO (1)		
3. NAME OF DECEASED (Type or print (JohnFred) Henry	Middle John	lost 4. D	ATE Month 12/20/6	Day Yeor
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH Aug. 26.1679	9. AGE (In years IF UNDER 1 Y Months Do	EAR IF UNDER 24 HRS. bys Hours Min.
	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fore Maryland	eign country) 12. CITIZE	OF WHAT COUNTRY
John F. Wenger		14. MOTHER'S MAIDEN NAME Frances Wal	lberger	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17. II	regression Family	Address Same	
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO DUE TO	Cultal	l aprider Hemmond		INTERVAL BETWEEN ONS IT AND DEATH
Value Course Co		NOT RELATED TO THE TERMINAL D		o) 19. WAS AUTOPS) PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. While	5-	ACE OF INJURY (Home, form, 20f ctary, street, office bldg., etc.)	. (City or town) (Cou	nty) (Stote
21. I certify that (I) (this haspital) atten	ded the deceased fram			, that (I) (we) las
saw the deceased alive ap 1201	196(, and that o	death accurred atM, f		22b.DATE
	field, and that of	M.D. ATTENDING MED. DIRECTO	STAFF	22b.DATE
220. SIGNAPPE and Solu	23c. NAME OF CROSS	M.D. ATTENDING MED. DIRECTO	STAFF	22b. DATE SIGNED 120 (Stote)

D HOSPITAL OR A DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter on the best of the content of the content of the content of the content of the certificate has been signed by the ottending physicion and completely ded in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours often death. 0 VR A15 (4) 15M 9/59

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12700

10000

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
BALTO. MARYLAND	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	
	BALTIMORE 3101.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SUMMIT NURSING HOME	4606 MANORDENE RD. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) . HENRY	NESS DEATH DEC. 9 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
LIEUT RET. FIRE DEPT.	U, S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BERNARD WESS	NOT KNOWN
	INFORMANT Address
(Yes, no, of unkown) (Ifyesgive war or detes of service)	harles Wess -237 E. medwick Parth
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
IMMEDIATE CAUSE (a)	VASCUAR ACCIDENT 1 HOUR
331X DUE TO	
Conditions, if eny, which (b) ATURES	YRIXIX
gave risa to immadiete cause	
(a), stating the underlying	
ceuse last. (c)	TO THE TENNINAL DISEASE CONDITION CIVEN IN BART VALUE OF WAS ALITORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13 DIABETER TE	CONTRACTOR NO NO NO
	O. (Enter neture of injury in Pert I or Pert II of item 18.)
OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
Hour a.m. While Not While	tory, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While at work	
21. I certify that (I) (this hospital) attended the deceased from	5 Ly 19.57 to 12 19.6, 19, that (I) (we) last
saw the deceased alive on 2/7/5/19, and that	death occured at .7.5M, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Holow, John M	A.D. PHYS. DIRECTOR PHYS. 12/11/6
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) HESTIBEST WE CASS	Try Trevenice / 12. 29
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Butial 12-/3-61 St. Cete	is Cen. Ballo med.
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
FOR DIRECTOR'S SIGNATURE & TILL CAPACESS IN .	7.11
Tarry-Chronigh J. H alonsony	, NA · DATE DEC 13'61 Calling & House

LIE T. REEL PRESENT which was all the way THE PRODUCT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH OF DEATH

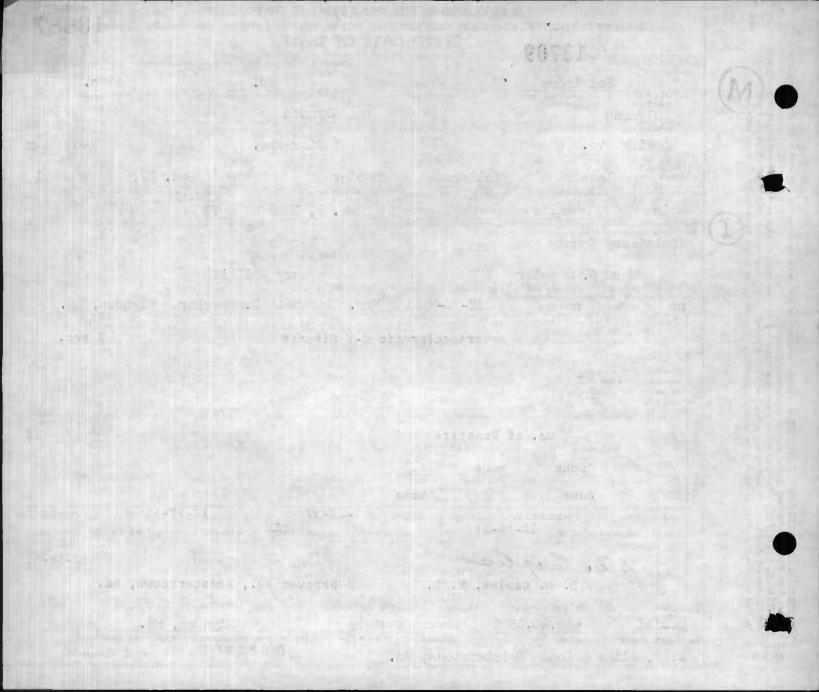
13709
CERTIFICATE OF DEATH

10/03			
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY		
Baltimore ' MARYLAND	a. STATE	Md.	Balto.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, wr	te RURAL and give nearest town)
write RURAL and give nearest town) Glyndon	X Glyndon		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
5 Fisk Ave.	5 Fisk A	Ave.	YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE Mon	th Dey Year
	eeler	DEATH Dec	. 17, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year	
Male White WIDOWED DIVORCED	Feb. 7, 188	last birthday)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR			1 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)			
Baltimore County	Mary		USA
Edward G. Wheeler	Mary Griffith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyas give war or dates of service)		Addre	ss
no no 212-30-8541 M	irs. Elizabet	th M. Wheeler	Glyndon, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic	C-V Disease		2 yrs.
422.1 DUE TO			•
C 191 V			
gave rise to immadiate cause			
(a), stating the underlying DUE TO			
cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION G	PERFORMED?
Ca. of Prostate			YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Ca. of Prostate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH ILL EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in	Part or Part of item 18.)	
Hone Hone	CE OF INTURY (U t-	- 1 205 (Cib. o- tour)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ Hour a.m. none 19 While Not While at work at work at work none	tory, streat, office bldg., et		(County) (State)
21. I certify that (I) (this was attended the deceased from.	1-22-37	219 to 12-17	-61, 19, that (I) (**) las
saw the deceased alive on 12-16-61 19 and that	death occured at 1:	AM, from the causes	and on the date stated above
22a. SIGNATURE			22b, DATE
8. D. Caples	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	12-18-61
22c. PHYSICIAN'S	22d. ADDRESS		
NAME (Typa) D. D. Caples, M. D.	6 Hanover	Rd., Reisters	town, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, t	own or county) (State)
PEMOVAI (Specify)			
Burial Dec.20,1961 Dover Cemet		Glyndon,	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		DEC 2 2 '61	
J F Fline & Sone Rejeterstown Md	DATE	Chu L L UI	inthus S. Thous

Sletely filled in by the funeral ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 apers. Pages 1 72 hours after M. Page 4 m. a relained by the hospital or attending physician.

N. Page 4 m. a relained by the hospital or attending physician.

CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within [4 VR A15 (4) 15M 9/60



DIVISION OF STATISTICÁL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE Baltimore Co. MARYLAND Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 5 Rural Owings Mills 5 vears Rural Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer Park Rd. pletely YES NO Deer Park Rd. NAME OF 4. DATE Middle Month Day Yeer DECEASED OF (Type or print) DEATH 1961 David Whittington Sweet Dec. and 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours Oct. 5,1867 WIDOWED | DIVORCED | Male White physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Blacksmith Own Business West Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth H Morningstar ā James C. Whittington 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Deer Park Rd. the NONE Owings Mills Mrs Maggie Whittington 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia, lobar bilitaral IMMEDIATE CAUSE (a) DUE TO ASCVD Conditions, if any, which gave rise to immediate cause DUE TO burial, (a), stating the underlying be retained by the hospital o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T P 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work D.m. how 30 19.6.1, and that death occurred at 5.4M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22ª SIGNATURE SIGNED ATTENDING ohn J. Sarrell X PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John J. Darrell M.D. 9017 Liberty Rd. Randallstown, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial Dec. 4. 1961 Edge Hill Cemetery Charlestown W. Va. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24: FUNERAL DIRECTOR'S SIGNABURE VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

ALERSON ASSOCIATION OF COMMANDERS PI AND MERCON herestall healths . ou eronis Lut of the species of and the second of the second the start rest 3535 Ment intell Pay motanitalm. Swhetz THE RELL OF THE PROPERTY OF TH ABB 48V-22-00F and the second s AND SAME YORK AND AND THE STREET OF STREET STREET STREET, STREET STREET, STR dobnes, Derrett L.D. D. Derrett Michael (1992) Michael American Marches Marches (1992) String - Dec. 4, 1981 Chigarall America , av an americal curio

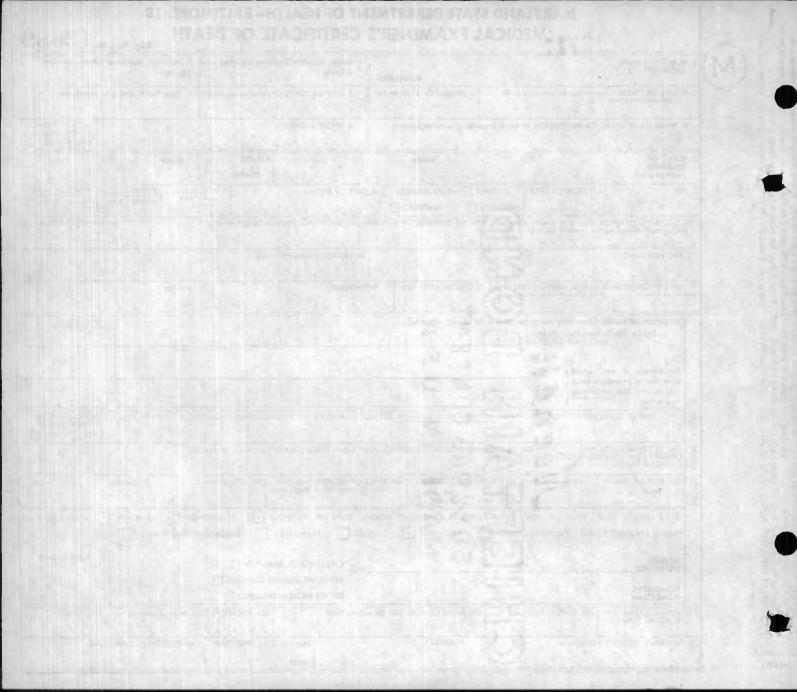
Ź					
pleose exe	4 should be		d, cremotion,	(
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necesty please executed	te the certified riting the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the size of director.	our files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,		
s ofter deoth. If on	, 2, and 3 to the fun	ay be retoined for	I and 2 with the re		
d within 24 hour	8. Give Poges 1	PM3. Poge 5 m	ermit. File poges		
should be execute	n pencil in Item 1	solong with form	o buriol-tronsit pe		
: This certificate	'ord 'pending' i	Exominer's Office	ould be used as		
CA EXAMINER	riting the w	e critef Medicol	CTOR: Poge 3 sh		
O DEPUTY MEDI	the the certific	worded to th	O FUNERAL DIRE	or removol.	
 		_	-		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.13689

1	COUNTY BASTIMAND MARYLAND	a. STATE A H A A BALL B. COUNTY	TI TIME			
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)			
	and give nearest terms FARKS LIFE	X SPALKS				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE			
(QUAKEK BOTTOM RD.	Sunker hottom RD.	YES NO			
	NAME OF DECEASED (Type or print) HARRISAN Chester Fiel.	LUTY DEATH SLC 3	Day Year			
S	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	for thick is	YEAR IF UNDER 24 HRS.			
L	NEGRO WIDOWED DIVORCED	3et, 19.1889 72 yrs. Months	Days Hours Min,			
- 1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI		ZEN OF WHAT COUNTRY?			
1	LABOBER (RETURED unk	m).	. S. R			
F	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	CLENTON WhyE	SUSANA MARTIN				
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address	Tiles to the L			
L		ERTHALUNYE- PARKYON,	MDI.			
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	· Acresia	5 Mir.			
	420 I DUE TO					
	Conditions, if any, which) (b)					
	gove rise to immediate couse (o), stoting the underlying DUE TO					
	couse lost.					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?			
1			YES NO P			
1000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19: WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)					
		OF OF INHURY WALL COME				
0.020	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p. m. 19 of work of two o	CE OF INJURY (Home, form, 20f. (City or town) (Courry, street, office bldg., etc.)	nly) (Stote)			
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that					
	death resulted from: Natural causes , Accident , Suid	cide [], Homicide [], Undetermined cause [].				
	ACTUAL SIGNATURE . M Truce M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED					
	EXAMINER'S IT IS SELECTION ASSISTANT MEDICAL EXAMINER [] /2/4/6/					
	NAME (Type) 17, 17, 17 XANCE	DEPUTY MEDICAL EXAMINER	116-1			
2	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	co. mid.			
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE			
X	Au. V. le hatmant - 1701 M. Cu	Plot SH DATE DEC 6 '61 Cartain 8	Krayes			
	Value Na					

VS. A15ME(S) SM 9/55



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22b. DATE THEREOF

Baltrusk

12. CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES NO

(State)

DATE SIGNED

(State)

(County)

22d. LOCATION (City, town, ar county)

24b. REGISTRAR'S SIGNATURE Chillian S. Traus

240. REC'D BY REGISTRAR

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

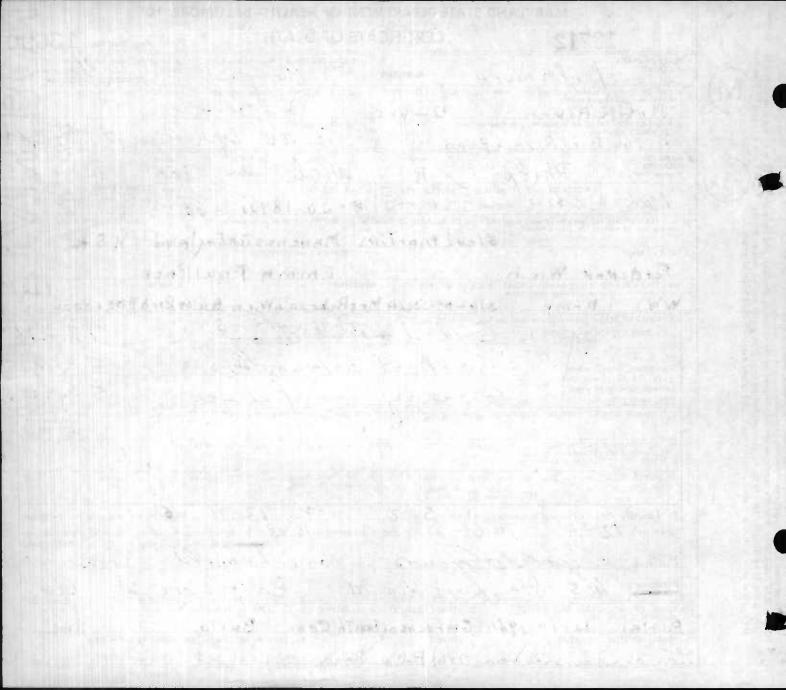
19

1SM 9/S8

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Mary land b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Catonsville days Baltimore d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? GROVE STATE HOSPITAL, Formerly 1613 North Hilton St. YES NO T NAME OF First Middle DATE Month Year DECEASED (Type or print) Dora Mav Williams DEATH 19 (01 10 C 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours white female WIDOWED [7] DIVORCED T 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewite Mary Land -Bal timore U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Asbury Smith Sarah Barker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) unknown unknowh Records: G ROVE STAFE HOS PT TAT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY procluce ia -ciwilla IMMEDIATE CAUSE (o) DUF TO Ca. Ch exic Conditions, if any, which gove rise to immediate cause **DUE TO** (o), stoting the underlying of CI Exact couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO. 19. WAS AUTOPSY PERFORMED? SO 1) arteriosclerosis NO DE side ox xoce 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) On 12-20-61 pt. out of bed striking right side of face and causing a Month, Day, Year 1208, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Not while 12-20961 of work of work 1 hospital Catonsville 28. Maryland 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry), and find that death resulted from: Natural couses M, Accident M, Suicide M, Homicide M, Undetermined couse RECTOR: DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE box 30,1961 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Joseph R. Gladue, M. D. DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Loudon Park Cemeterv Baltimore, Maryland Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Orthung S. Thous DATESN 3 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		Committee and the		
				CARD VINSE AND THE
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			08-0E_	

BALTIMORE 1, MARYLAND FOR STATE USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY MARYLAND Baltimore Co. ALERS WOLLES COUNTY Maryland Baltimore Communication of the Communicati b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) G Baltimore Baltimore County Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE for ON A FARM? retained he State B Frederick Road YES NO Frederick death NAME OF First Middle DATE DECEASED 0 OF the (Type or print) DEATH mmel WILSON 19 ROY 18 December 1 and 2 with pe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months Devs Hours Mln. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 7 form PM3. Page done during most of working life, even if retired) pages I within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FIB WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unkown) (If resgive we ror detes of service permit. with eny be executed pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) E Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (0) /Fatty/Metamorphosis/of/Liver/ DUE TO removel, certificate should Alcoholism, Acute and Chronic Conditions, if eny, which geve rise to immediate cause 10 Examiner's DUE TO (e), steting the underlying as 0 cause last. pesn cremation CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY PERFORMED? 2 the word NO P Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ote the cerminal properties of the Chief of the CTOR: Page 3 Chief MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 2Df. (City or town) (County) (Stete) Not While fectory, street, office bldg., etc.) While grass execute the certificate, w 4 should be forwarded to the O FUNERAL DIRECTOR: Par its designated agent, prior to et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Suicide Undetermined manner death resulted from: Natural causes Y Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) MOWARD G. SHAUB, M. D. Add
229 BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) December 22d. LOCATION (City, town, or country) REMOVAL (Specify) . 40 9 removal burin GALAI 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Harford Road, Md Wm.Cook-Bl Caron S. Mines VS. AISME SM 9/60

The sale of the sale of the sale of the sale of The state of the state of Page 4 y be retained by the haspitol or attending physicion.

UNERAL DIRECTOR: After this certificate has been signed by the attending physicion and camplety, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. roges 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often

HOSPITAL OR

VR A15 (4) 15M 9/59

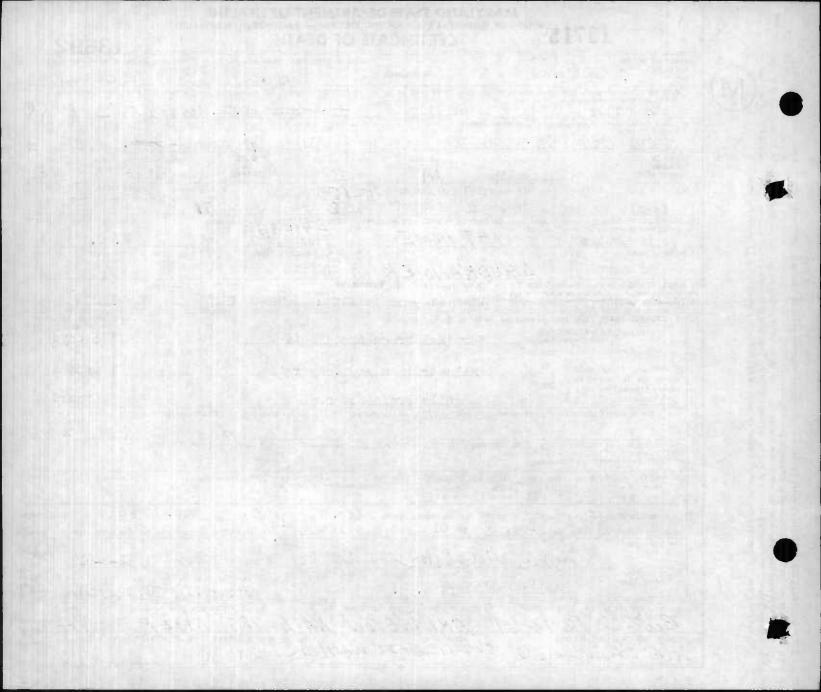
MARYLAND STATE DEPARTMENT OF HEALTH

13715 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

3692

o. COUNTY	Baltimore	MARYLAND	o. STATE Mary 1	b. CO	INITY	ce George
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, w	rite RURAL and giv	re nearest town)
Catonsvi		9mthl3dys	Washington	, D.C. MA	RYLAN	D PARK
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, give stre	et address)	d. STREET ADDRESS		1627.2	e. IS RESIDENCE ON A FARM?
SPRING		HOSPITAL	6514 Ear	1 Street	- 1	YES NO
3. NAME OF DECEASED (Type or print)	First Elizabet	Middle h	Wolf	4. DATE OF DEATH	Month ecember	0oy Yeor 8 1961
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B-DATE OF BIRTH	9. AGE (In lost birth		YEAR IF UNDER 24 HRS.
female	white wido	WED DIVORCED	1890	7.1	yrs.	TOOTS THAT.
10a. USUAL OCCUPATI during mast af wa house	rking life, even if retired)	AT HOME	Istry 11. BIRTHPLACE ISLAND	G0		S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME		
unkno	own LA	UDKAMMER	unknown			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	NFORMANT		Address	
unknown	(IT yes, give war or dates or service)	unknown	Records: SPRI	NG GROVE	STATE H	OSPITAL
PART I. DE	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), ond (c).] Terminal bron	chopneumonia			INTERVAL BETWEEN ONSET AND DEATH
355						1.7
Conditions, if	immediate	Malnutrition	and dehydrati	on		months
cause (a), stating		Senile brai	n disease			years
	_ / (c)	S CONTRIBUTING TO DEATH BU		IAL DISEASE CONDITIO	N GIVEN IN PART	
20a. ACCIDENT W	/AS UNDERLYING ☐ 20b. D G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	ort I ar Part II af item 1	B.)	
20c. TIME OF INJU Haur a. m. p. m.	Whi	1-	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)			unty) (State)
21. I certify th	, D	nded the deceased fram. 8 19 61, and that	Feb. 21 19			l, that (I) (we) last date stated above.
22a. SIGNATURE	Itella 1	Vachsler	M.D. ATTENDING ME	D. STAFF PHYS.	12.	-8-61 SIGNED
22c. PHYSICIAN'S NAME (Type)	Stella Wa	achsler, M. J.	22d. ADDRESS	SPRING GR	OVE STAT le 28, Ma	
23a. BURIAL, CREMATI REMOVAL (Specify Survey		23c. NAME OF CEMETERY OF	OR CREMATORY TON NATH	23d. LOCATION (City,)	YER	(State)
24. FUNERAL DIRECTO	R'S SIGNATURE	517-119-5458	E WASH, BATE -	BY REGISTRAR 25b.	REGISTRAR'S SIGN	NATURE



MADVIAND STATE DEDADTMENT OF HEALTH

	MARILAND STATE DE	PARIMENT OF	MEALIN	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
13716	L RESEARCH AND RECORDS CERTIFICAT	E OF DEATH		13693

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Daltimore MARYLAND	e. STATE Pennsylvania b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Cockeysville Md / YRS.	York 75 x · 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Masonic Home	543 W. Springettburg Avenue YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
$\frac{1}{D}$	onsch of December 28 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
Male white WIDOWED DIVORCED	April 15, 1868 (3 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Union Tel. Company	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? York, Pennsylvania U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Wonsch	Mary Boll
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyesgive werordetesofservice)	NFORMANT Address
222-14-8764 Mas	sonic Home, Cockeysville, Md
1B. CAUSE OF DEATH [Enter only one causa par line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Autenia selepot	ic candio vagey law disease years
422 DUE TO	10/130/14
geve risa to immedieta ceusa	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	. (Enter netura of injury in Pert I or Part II of itam 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	Ge+ 19, 1961, to the 28, 1961, that (1) (wa) last
saw the deceased alive on dec 25 1961, and that	death occured at 12.1M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Elizabeth BShemill	D. PHYS. DIRECTOR PHYS. STAFF
22c. PHYSIDAN'S NAME (Typa) Elizabeth B. Sherrill M.D.	COLKEYSVILLE Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
RESTRICTION 12-30-61 Prospect Hill	
24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 St. Paul Street, Ba	ltimore 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATEJAN 2 '62
	Torricolary Torric

An Thirthman Thomas was mountained the . W Fare But I distance of the state of A third will be made and a work of the Children of the control of SEC-11-Trible statements stone, toggetters 4007-11-385 NAME OF THE OWNER OWNER OF THE OWNER OWNE Exercise 3 de cuelo a Ensula to Some the way the course will be a little of the course of the district 12-36-61 - Frompact Hall Constant fort, Friendlyndin

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY MARYLAND LENGTH OF STAY IN 16 in by after Pages filled i . IS RESIDENCE ON A FARM? hours YES NO letely papers. NAME OF DECEASED OF (Type or print) DEATH 19 within carbon 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR 7. MARRIED NEVER MARRIED brildey) and Deys Months Hours WIDOWED X DIVORCED event. physician 10e, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY гетоме 12. CITIZEN OF WHAT, COUNTRY? done during most of working life, eyen if retired) 13. FATHER'S NA please 14. MOTHER .= attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. INFOR Address (Yes, no, of upkown) | (Ifyesgive werordetes of service) remova signed by the permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN attending physician. PART I. DEATH WAS CAUSED BY: 6 IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if eny, which has been (b) geve rise to immediate cause DUE TO (e), steting the underlying the bur burial, ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? S 0 NO use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. DIRECTOR: 19.6..... and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, DATE THEREOF CEMETERY OR CREMATORY BURIAL, CREMATION, 236. county) (State) REMOVAL (Spegify) REGISTRAR'S FUNERAL DIRECTOR'S

law requires that the death

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hospital

retained

VR A15 (4) 15M 9/60

Dotting Come Haistand Haltonge Recent thinks that I some thought a little that the Tillic ele Wright and out Heysourte Out home York C. 15 Langer Less - 61 West Liberty Condity White Hall Ma Lefact Hallander Have Fredding Van mich in the

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH **ESTON STREET, BALTIMORE 1, MARYLAND** USUAL RESIDENCE (Where decessed lived, If institution 1. PLACE OF DEATH e. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 in by write RURAL and give nearest town) after Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS merald 1 merald five. eletely papers. NAME OF DECEASED OF (Type or print) DEATH within carbon OR RACE 7. MARRIED 5. SEX 9. AGE (In years HE UNDER 1 YEAR NEVER MARRIED and lest birthdey) Months emal WIDOWED event, 100. USUAL OCCUPATION (Give kind of work physician remove (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Maggie Moore a atten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (ffyes give wer or detes of service) Alice M same After this certificate has been signed by the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, the burial-transit DUE TO attending Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (e), steting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY hospital as o prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Month, Dey, Yeer Not While factory, street, office bldg., etc.) While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from Much arive on Dec saw the deceased 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type rector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Moreland Mem. burial 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Hartord Rd. DAREC 2 0 '61 arthur S. Krous

before edmission)

e. IS RESIDENCE ON A FARM?

YES NO

19 67

IF UNDER 24 HRS.

INTERVAL BETWEEN

May 1960

PERFORMED? NO .

(State)

22b. DATE

(State)

SIGNED

196/, that (I) (we) last

(County)

21123 Residence of the second AND THE STATE OF THE REPORT OF THE PARTY OF The last the total and the second the second Leonara y. Tues 5 305 har ford ha. Leonara Della Della Calle State